

Set	Items	Description
S1	223730	URETHRA? ? OR UROGENITAL? OR URO()GENITAL? OR GENITOURINAR? OR ENDOURETHR? OR INTRAURETHR? OR LUT OR LOWER()URINAR?() (TR- ACT? ? OR TRACK?)
S2	311842	PROSTAT?
S3	2036633	INDWELL??? OR PROTHE? OR CATHETER? OR SHUNT? OR CANNULA? OR CANULA? OR INTUBAT??? OR IMPLANT? OR STENT? ? OR ELONGAT?(3N-) (BODY OR BODIES OR MEMBER?) OR TUBE? ? OR TUBULAR?
S4	155039	URODYNAMIC? OR URO()DYNAMIC? OR (URINE? OR URINAR?) (2N) FLO- W? OR MICTUR? OR URINAT? OR VOID???
S5	150791	PRESSUR?(3N)PROFIL? OR UPP OR MUUPP OR FLOW(2N)ANALY? OR PE- RFUS?()URETHRA?()PROFIL?
S6	3673937	ENLARGE? OR LARGE?
S7	5958615	OBSTRUCT? OR BLOCK??? OR CONSTRICT? OR IMPED? OR COMPRESS? OR INTERFERE? OR RESTRICT? OR UNSUPPORT? OR PRESSUR?
S8	24933	LOWER()URINA?() (TRACT? OR TRACK?) ()SYMPTOM? OR LUTS OR BLA- DDER()OUTLET()OBSTRUCT? OR BOO OR (BENIGN() PROSTATE?() (HYPER- TROPHY? OR HYPERPLASIA? OR HYPER() (TROPH??? OR PLASIA???))) OR BPH
S9	0	(S1 OR S2) (S) S3 (S) S4 (S) S5 (S) S6 (S) S7 (S) S8
S10	5090	(S1 OR S2) (S) S3 (S) (S4 OR S5)
S11	19506	S1:S2 (10N) S4:S5
S12	1482	S11 (10N) S8
S13	19339	S1:S2 (10N) S3
S14	159	S13 (10N) S5
S15	56	S14 (S) S4
S16	29	RD (unique items)
S17	330	S13 (10N) S8
S18	219	S13 (5N) S8
S19	101	S18 (S) S7
S20	97	S19 NOT S15
S21	43	RD (unique items)
S22	6411	S2 (5N) S6
S23	15255	S1 (5N) S7
S24	1025	S4 (10N) S5
S25	0	S22 (S) S23 (S) S34
S26	13	S22 (S) S23 (S) S24
S27	13	S26 NOT S16
S28	7	RD (unique items)
S29	576	S23 (S) S24
S30	36	S23 (10N) S24 (10N) S3
S31	9	S30 NOT (S15 OR S28)
S32	6	RD (unique items)
S33	823	S23 (S) S8 (S) S4
S34	2339	S8 (10N) S4
S35	411	S23 (S) S34
S36	168	S23 (10N) S34
S37	166	S36 NOT (S15 OR S28)
S38	102	RD (unique items)
S39	155	S23 (5N) S34
S40	153	S39 NOT (S15 OR S28)
S41	96	RD (unique items)
S42	52	S35 (S) S5
S43	43	S42 NOT (S15 OR S28)
S44	21	RD (unique items)
S45	13708	S1 (5N) S2
S46	23	S3 (5N) S24
S47	1	S44 (S) S45
S48	8	S46 NOT (S15 OR S28)
S49	6	RD (unique items)

File 155:MEDLINE(R) 1951-2005/Jun W1

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File 73:EMBASE 1974-2005/May W5
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File 34:SciSearch(R) Cited Ref Sci 1990-2005/May W5
(c) 2005 Inst for Sci Info
File 434:SciSearch(R) Cited Ref Sci 1974-1989/Dec
(c) 1998 Inst for Sci Info

16/5/1 (Item 1 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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16071920 PMID: 15245819

The effect of tamsulosin on the resting tone and the contractile behaviour of the female urethra: a functional urodynamic study in healthy women.

Reitz Andre; Haferkamp Axel; Kyburz Tatiana; Knapp Peter A; Wefer Bjorn; Schurch Brigitte

Neuro-Urology, Swiss Paraplegic Center, Balgrist University Hospital, Forchstrasse 340, 8008 Zurich, Switzerland. areitz@balgrist.unizh.ch

European urology (Netherlands) Aug 2004, 46 (2) p235-40; discussion 240, ISSN 0302-2838 Journal Code: 7512719

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

AIMS: The aim of this functional urodynamic experiment was to study the effect of the selective alpha(A)-blocker tamsulosin on the urethral pressure in healthy human females and assessed first the resting urethral pressure and second the urethral contractility in response to magnetic stimulation of the sacral roots. **METHODS:** 11 healthy female subjects gave their written informed consent and were included. A microtip pressure transducer catheter was inserted into the bladder and three baseline urethral pressure profiles were obtained. Another three urethral pressure profiles were recorded while magnetic single pulse stimulation of the sacral roots was performed above the motor threshold of the pelvic floor to evoke reproducible urethral contractions. Then the subjects received 0.4 mg of tamsulosin and the entire protocol was repeated 6 hours after drug administration. Cardiovascular monitoring was obtained during the baseline and follow-up measurements. Mean and maximal urethral pressure values calculated over the entire urethra, mean pressure values calculated over the proximal, middle and distal third of the urethra and the pressure amplitudes to magnetic stimulation at baseline were statistically compared to the follow-up measurements with tamsulosin. **RESULTS:** The oral administration of tamsulosin did not change the systemic blood pressure, but did significantly reduce the mean and maximal urethral pressure acquired over the entire urethra. When the proximal, middle and distal third of the urethra were analysed separately, there was a significant pressure reduction in all three segments. Amplitudes of the urethral contractions evoked by sacral magnetic stimulation remained unchanged after tamsulosin. **CONCLUSIONS:** These data show a significant relaxing effect of tamsulosin on the resting urethral tone in healthy females in vivo. These results may suggest tamsulosin as a new pharmacological approach to treat urinary retention due to overactive or non-relaxing urethra in women.

Tags: Female; Research Support, Non-U.S. Gov't

Descriptors: *Adrenergic alpha-Antagonists--pharmacology--PD; *Sulfonamides--pharmacology--PD; *Urethra--drug effects--DE; *Urethra--physiology--PH; *Urodynamics; Adult; Electromagnetics; Humans; Lumbosacral Plexus; Muscle Contraction--drug effects--DE; Physical Stimulation

CAS Registry No.: 0 (Adrenergic alpha-Antagonists); 0 (Sulfonamides); 106133-20-4 (tamsulosin)

Record Date Created: 20040712

Record Date Completed: 20041206

16/5/2 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)

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15191288 PMID: 14767292

Urodynamic study of women in urinary retention treated with sacral neuromodulation.

DasGupta Ranan; Fowler Clare J
Department of Uro-Neurology, National Hospital for Neurology and Neurosurgery, London, United Kingdom.

Journal of urology (United States) Mar 2004, 171 (3) p1161-4, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: We investigated the action of sacral neuromodulation in restoring voiding function in women with urinary retention attributable to sphincter overactivity (Fowler's syndrome). **MATERIALS AND METHODS:** We recruited women within retention who were able to void following neuromodulation by temporary test stimulation or a permanent **implant**.

Urethral pressure profiles, cystometry and sphincter electromyography were performed before and after neuromodulation. **RESULTS:** A total of 30 women 19 to 52 years old were recruited, including 21 with a permanent implant and 9 undergoing temporary stimulation. Mean maximum urethral closure pressure was elevated compared to expected pressure and it did not change significantly after neuromodulation. The electromyographic abnormality persisted during neuromodulation and **voiding** was often done with an interrupted flow. There was a slight increase in detrusor contractility. **CONCLUSIONS:** This evidence suggests that neuromodulation does not restore **voiding** in these patients by a direct relaxant effect on the sphincter. The modest increase in detrusor pressure appears to be sufficient to overcome the resistance of the overactive sphincter.

Tags: Female; Research Support, Non-U.S. Gov't

Descriptors: *Electric Stimulation Therapy; *Urinary Retention--physiopathology--PP; *Urinary Retention--therapy--TH; *Urodynamics; Adult; Electric Stimulation Therapy--methods--MT; Humans; Lumbosacral Plexus; Middle Aged

Record Date Created: 20040209

Record Date Completed: 20040330

16/5/3 (Item 3 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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14189713 PMID: 11987115

Bladder dysfunction in children with bilateral single ectopic ureters.

Heuser M; Zoller G; Seseke F; Zappel H; Ringert R H
Goettingen, Germany.

Journal of pediatric surgery (United States) May 2002, 37 (5) pE15, ISSN 1531-5037 Journal Code: 0052631

Publishing Model Print

Document type: Case Reports; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

BACKGROUND: Single ectopic ureters are a rare malformation in children. Therapy consists of ureteral reimplantation. However, in case of bilateral single ectopic ureters, subsequent malformation of the bladder trigone and

bladder neck may result in additional voiding dysfunction, and ureteral reimplantation alone may not solve the urologic problems. METHODS: The authors report their experience with 2 girls, in whom bilateral single ectopic ureters were treated by ureteral reimplantation in early childhood and who did not gain adequate bladder control during following years. RESULTS: Videourodynamic evaluation was done in both girls. No bladder overactivity was found during the urodynamic studies. However, cystography showed a widely open bladder neck during filling with no sufficient bladder neck closure shown by urethral pressure profile studies. When blocking the bladder outlet by balloon catheters, adequate bladder filling volume was achieved. Incontinence was cured by implantation of an AMS 800 artificial sphincter system in a 10-year-old girl. A 7-year-old girl was regarded to be too young for sphincter implantation and is waiting for surgery within the next years. CONCLUSION: Insufficient development of trigone and bladder neck with subsequent urinary incontinence has to be kept in mind when deciding on surgical procedures in children with bilateral single ectopic ureters. Copyright 2002, Elsevier Science (USA). All rights reserved.

Tags: Female

Descriptors: *Replantation; *Ureter--abnormalities--AB; *Ureter--surgery--SU; Abnormalities, Multiple--surgery--SU; Bladder--abnormalities--AB; Humans; Recurrence; Urinary Incontinence--etiology--ET; Urinary Incontinence--prevention and control--PC; Urinary Tract Infections--etiology--ET; Urinary Tract Infections--prevention and control--PC; Urodynamics; Video Recording

Record Date Created: 20020502

Record Date Completed: 20020605

16/5/4 (Item 4 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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14161242 PMID: 11950188

A comparison of urethral pressure profilometry using microtip and double-lumen perfusion catheters in women with genuine stress incontinence.

Wang Alex C; Chen Min-Chi

Department of Obstetrics and Gynaecology, Chang Gung University, Taoyuan, Taiwan.

BJOG - an international journal of obstetrics and gynaecology (England)

Mar 2002, 109 (3) p322-6, ISSN 1470-0328 Journal Code: 100935741

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

OBJECTIVE: To compare urethral pressure profilometry measurements using microtip transducer and double-lumen perfusion catheters. DESIGN: Prospective study. SETTING: Tertiary referral urogynaecology unit. SAMPLE: Three hundred and ninety two non-pregnant women with various lower urinary tract symptoms. METHODS: Multichannel urodynamic investigations were performed using double-lumen perfusion catheters with external pressure transducers in 392 women. For those 301 (76.8%) diagnosed as having genuine stress incontinence, an investigation with microtip transducers followed. For data analysis, a mixed-effects model was used to evaluate changes in the urethral profilometry and an approach proposed by Bland and Altman was applied to assess agreement between the two techniques. RESULTS: Of the 301 women with genuine stress incontinence, 272 were eligible for this study. In resting status, the differences between the two techniques were statistically significant (48.9cm H2O vs 73.4cm H2O, P = 0.0001) after

adjusting for age. Moreover, the agreement study also confirmed that these two techniques do not agree sufficiently. CONCLUSION: Maximum urethral closure pressure obtained from the double-lumen catheter was significantly higher than that obtained from the microtip catheter. Use of the double-lumen catheter for the measurement of maximum urethral closure pressure can be considered a reliable technique since its reproducibility is as good as that of the microtip catheter. Therefore, the diagnosis of 'low pressure urethra' will be different between the two techniques.

Tags: Female

Descriptors: *Urethral Diseases--physiopathology--PP; *Urinary Catheterization--instrumentation--IS; *Urinary Incontinence, Stress--physiopathology--PP; Adult; Aged; Aged, 80 and over; Analysis of Variance; Humans; Middle Aged; Pressure; Prospective Studies; Urodynamics

Record Date Created: 20020412

Record Date Completed: 20020514

16/5/5 (Item 5 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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13835219 PMID: 11506841

Comparison of microtransducer and fiberoptic catheters for urodynamic studies.

Culligan P J; Goldberg R P; Blackhurst D W; Sasso K; Koduri S; Sand P K
Evanston Continence Center, Division of Urogynecology and Reconstructive Pelvic Surgery, Northwestern University Medical School, Evanston Northwestern Healthcare, Evanston, Illinois, USA. pculligan@louisville.edu
Obstetrics and gynecology (United States) Aug 2001; 98 (2) p253-7,
ISSN 0029-7844 Journal Code: 0401101

Publishing Model Print

Document type: Clinical Trial; Evaluation Studies; Journal Article; Randomized Controlled Trial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

OBJECTIVE: To assess the validity and reproducibility of a fiberoptic transducer urodynamic catheter for urethral closure pressure profiles and leak point pressure determination, using a microtransducer catheter as the standard. METHODS: Ninety women without significant pelvic organ prolapse underwent urodynamic evaluations with both fiberoptic and microtransducer catheters. Maximal urethral closure pressures and "leak point pressures" were repeatedly measured by the two catheters and statistically compared. The order of catheter use was randomized. RESULTS: Significantly lower mean maximal urethral closure pressures were recorded by the fiberoptic system than by the microtransducer system (28.9 cmH(2)O +/- 17.3 versus 43.2 cmH(2)O +/- 24.9, P <.001). The fiberoptic catheter predicted microtransducer values for maximum urethral closure pressure only within a range of 27 cmH(2)O. Mean "leak point pressure" recorded by the fiberoptic catheters (66.9 cmH(2)O +/- 2.9) was not significantly different than that recorded by the microtransducer catheters (66.4 cmH(2)O +/- 2.9, P =.97). CONCLUSION: There is a significant difference between maximum urethral closure pressure values recorded by the microtransducer and fiberoptic catheter systems. No significant difference was found between the two systems in measurement of Valsalva "leak point pressure."

Tags: Comparative Study; Female; Research Support, Non-U.S. Gov't

Descriptors: *Urethra--physiopathology--PP; *Urinary Catheterization--instrumentation--IS; *Urinary Incontinence, Stress--diagnosis--DI; *Urodynamics; Adult; Aged; Aged, 80 and over; Fiber Optics; Humans; Middle Aged; Pressure; Prospective Studies; Reproducibility of Results;

Transducers, Pressure
Record Date Created: 20010816
Record Date Completed: 20010906

16/5/6 (Item 6 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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13538901 PMID: 10510923
Effect of functional continuous magnetic stimulation on urethral closure in healthy volunteers.

Yamanishi T; Yasuda K; Suda S; Ishikawa N
Department of Urology, Chiba University School of Medicine, Japan.
Urology (UNITED STATES) Oct 1999, 54 (4) p652-5, ISSN 1527-9995
Journal Code: 0366151
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

OBJECTIVES: To study urodynamically the effect of functional continuous magnetic stimulation on urethral closure in normal volunteers. METHODS: Ten volunteers (6 men and 4 women, 20 to 29 years old, mean age 24.5) were recruited for the study. Seven subjects were assigned to an active group and 3 to a sham group. An 8F transducer was inserted transurethraally, and the **urethral pressure profile** was monitored. Then the **catheter** was fixed so that the transducer could be positioned at the portion at which the highest pressure was recorded (maximum intraurethral pressure). In the active group, the stimulating intensity was gradually increased up to the tolerable limit. A 15-minute single session of stimulation was carried out at 20 Hz in an intermittent manner with 1-minute-on/30-second-off cycles. After stimulation, the urethral pressure profile was repeated. RESULTS: In the active group, the greatest pressure difference between the on and off phases of the maximum intraurethral pressure was 62.4+/-37.6 cm H2O at 35% to 55% of maximum output (46 to 113 J). In the urethral pressure profile, the maximum urethral closure pressure increased significantly after stimulation ($P = 0.0280$). In the sham group, no changes in these parameters were noted. All subjects tolerated the functional continuous magnetic stimulation well, and none experienced any adverse effect. CONCLUSIONS: Functional continuous magnetic stimulation safely and significantly increased maximum intraurethral pressure during stimulation and maximum urethral closure pressure after stimulation.

Tags: Female; Male
Descriptors: *Urethra--physiology--PH; Adult; Humans; Magnetics; Physical Stimulation; Urodynamics
Record Date Created: 19991105
Record Date Completed: 19991105

16/5/7 (Item 7 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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13002305 PMID: 10961703
Function of hollow viscera in children with constipation and voiding difficulties.

Lucanto C; Bauer S B; Hyman P E; Flores A F; Di Lorenzo C
Department of Pediatrics, Children's Hospital of Pittsburgh, Pennsylvania 15213, USA.

Digestive diseases and sciences (UNITED STATES) Jul 2000, 45 (7)
p1274-80, ISSN 0163-2116 Journal Code: 7902782

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

We wished to investigate the urodynamic characteristics and colonic motility in a group of children with severe chronic constipation and **lower urinary tract** symptoms. We performed colonic manometry using an endoscopically placed **catheter**. The **urodynamic** studies consisted of cystometry, electromyography of the external **urethral sphincter**, measurement of **urinary flow** rate, and urethral **pressure profile**. We found abnormal colonic motility in all patients. Findings included: absent gastrocolonic response (N = 8), absent high-amplitude propagated contractions (HAPCs) (N = 4), and abnormal propagation of HAPCs (N = 7).

Urodynamic features were abnormal in 10 children. Findings included: uninhibited bladder contractions (N = 6), hypertonic bladder (N = 2), sphincter dyssynergy (N = 2), small capacity bladder (N = 1). In all children constipation improved, in three after a partial colectomy. Urinary symptoms persisted. We conclude that some children with severe constipation may have a neuropathy affecting both the colonic and lower urinary tracts systems. In this group of patients treatment of constipation does not result in resolution of urinary symptoms.

Tags: Female; Male; Research Support, Non-U.S. Gov't

Descriptors: *Constipation--physiopathology--PP; *Digestive System--physiopathology--PP; *Urinary Tract--physiopathology--PP; *Urination Disorders--physiopathology--PP; Adolescent; Bladder--physiopathology--PP; Child; Child, Preschool; Colon--physiopathology--PP; Constipation--therapy--TH; Gastrointestinal Motility; Humans; Stomach--physiopathology--PP; Urethra--physiopathology--PP; Urination Disorders--therapy--TH; Urodynamics

Record Date Created: 20000914

Record Date Completed: 20000914

16/5/8 (Item 8 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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12691417 PMID: 10614972

A comparison of urethral profilometry using microtip and fiberoptic catheters.

Elser D M; London W; Fantl J A; McBride M A; Beck R P

Medical College of Virginia, Richmond, USA.

International urogynecology journal and pelvic floor dysfunction (ENGLAND)
) 1999, 10 (6) p371-4, ISSN 0937-3462 Journal Code: 9514583

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

This paper compares urethral profilometry measurements using two different types of catheter: the Millar microtip transducer and the FST fiberoptic catheter. Outcome variables were functional urethral length (FUL), maximum urethral closure pressure (MUCP), and mean pressure/transmission ratio (PTR). Thirty women presenting to the urodynamics laboratory with symptoms of stress urinary incontinence were evaluated with both **catheters**. All subjects underwent two passive

urethral pressure profiles and two dynamic (cough) urethral pressure profiles with each catheter. For FUL and MUCP, the means of the two passive measurements were compared between catheters. For PTR, the means of the two dynamic measurements were compared between catheters. There was no difference in FUL between the two catheter types. The FST measurements of MUCP and PTR were lower than the microtip measurements. Twenty percent of patients would have been diagnosed with low-pressure urethra with the FST catheter, but not with the microtip catheter. Caution must be used when applying urethral measurements taken with the fiberoptic catheters to standards set with microtip catheters.

Tags: Comparative Study; Female

Descriptors: *Urethra--physiopathology--PP; *Urinary Catheterization--instrumentation--IS; *Urinary Incontinence, Stress--diagnosis--DI; Adult; Aged; Aged, 80 and over; Fiber Optics; Humans; Middle Aged; Pressure; Urinary Incontinence, Stress--physiopathology--PP; Urodynamics

Record Date Created: 20000119

Record Date Completed: 20000119

16/5/9 (Item 9 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11986980 PMID: 9412358

[Relationship between female stress urinary incontinence intensity and the data of urethral pressure profile]

Relacion entre la intensidad de la incontinencia urinaria de esfuerzo femenina y los datos del perfil de presión uretral.

Palao Yago F; Gomez Jimenez J; Dominguez Molinero J F; Nogueras Ocana M; Tinaut Ranera F J; Zuluaga Gomez A

Servicio de Urología, Hospital Universitario de Granada, España.

Archivos españoles de urología (SPAIN) Jul-Aug 1997, 50 (6) p586-93, ISSN 0004-0614 Journal Code: 0064757

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

OBJECTIVE: To determine the utility of the urethral pressure profile in the diagnosis of stress urinary incontinence and its possible correlation with the degree of severity of incontinence. METHODS: 175 female patients with a clinical history of urinary incontinence were evaluated; of these, 50 cases with bladder instability demonstrated by the urodynamic studies were excluded. Patient evaluation included clinical history, physical examination, analytical studies, radiological evaluation and complete urodynamic assessment, including uroflowmetry, filling and voiding cystometry, and static and dynamic urethral pressure profiles. A 10 Fr microtransducer catheter was utilized for the urethral pressure profile studies. ICS recommendations were observed. Patients were classified into three groups according to the severity of urinary incontinence based on the clinical data, physical examination and urodynamic findings. The Wilcoxon test and 2 x 2 contingency table were employed for the statistical analysis. RESULTS: Of the parameters analyzed for the static urethral pressure profile, statistically significant differences were found only for the maximum urethral pressure and maximum closing urethral pressure in the different groups of patients. No differences in total length or functional urethral length were observed. Comparison of the dynamic urethral pressure profiles of the different groups showed a statistically significantly higher proportion of patients

with a negative dynamic urethral closing pressure in the group of patients with **urodynamically** and clinically demonstrated urinary incontinence than in those with no **urodynamically** or clinically demonstrable incontinence. CONCLUSIONS: The urethral pressure profile is sufficiently reliable to confirm the diagnosis of urinary incontinence and its degree of severity. As a diagnostic test in urinary stress incontinence, it has a sensitivity of 89% and a specificity of 95%.

Tags: Female

Descriptors: *Urethra--physiopathology--PP; *Urinary Incontinence, Stress--physiopathology--PP; *Urodynamics; Adolescent; Adult; Aged; Aged, 80 and over; Humans; Middle Aged; Severity of Illness Index

Record Date Created: 19971223

Record Date Completed: 19971223

16/5/10 (Item 10 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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11323690 PMID: 8659026

Micturitional urethral pressure profilometry.

Sullivan M P; Comiter C V; Yalla S V

West Roxbury Veterans Affairs Medical Center, Boston, Massachusetts.

Urologic clinics of North America (UNITED STATES) May 1996, 23 (2) p263-78, ISSN 0094-0143 Journal Code: 0423221

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

The technique of micturitional **urethral pressure profilometry** using a trilumen catheter provides a method of assessing the dynamic behavior of the **lower urinary tract** during **voiding**. This method of evaluation is simple to perform, highly reproducible, accurate, and clinically useful not only in diagnosing the presence of outlet obstruction, but also in identifying its location and assessing its severity. The rationale for the use of this technique, the interpretation of the results, and various pressure profile configurations are discussed. (25 Refs.)

Tags: Female; Male; Research Support, U.S. Gov't, Non-P.H.S.

Descriptors: *Urethra--physiology--PH; *Urination--physiology--PH; *Urodynamics--physiology--PH; Animals; Bladder--physiology--PH; Bladder Neck Obstruction--physiopathology--PP; Bladder, Neurogenic--physiopathology--PP; Dogs; Humans; Manometry; Models, Structural; Pressure; Prostatic Hyperplasia--physiopathology--PP; Urethral Stricture--physiopathology--PP; Urinary Catheterization

Record Date Created: 19960801

Record Date Completed: 19960801

16/5/11 (Item 11 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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11090734 PMID: 7661638

[Profiles of urethral pressure, measured with microtransducers, in the assessment of female stress urinary incontinence]

Perfiles de presión uretral, medidos con microtransductores, en la valoración de la incontinencia urinaria de stress femenina.

Palao Yago F; Dominguez Molinero J F; Fernandez Rodriguez A; Ruiz de la Muela Nunez R; Abad Menor F; Zuluaga Gomez A
Servicio de Urologia, Hospital Universitario, Granada, Espana.
Archivos espanoles de urologia (SPAIN) Jul-Aug 1995, 48 (6) p603-11,
ISSN 0004-0614 Journal Code: 0064757

Publishing Model Print

Document type: Clinical Trial; Journal Article ; English Abstract

Languages: SPANISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

OBJECTIVES: This study was conducted to evaluate the usefulness of urethral pressure profiles in the diagnosis of urinary stress incontinence and to determine the possible correlation of such profiles with the degree of incontinence. **METHODS:** An initial group of 92 female patients were studied; 29 that presented vesical instability in the urodynamic studies were posteriorly discarded from the study. Patient evaluation included clinical history, physical examination, analytical, radiological and urodynamic studies, including uroflowmetry, filling and emptying cystometry and static and dynamic **urethral pressure profiles**. A Phoenix 5 and a 10 F microtransducer **catheter** were used to carry out the necessary evaluations. ICS recommendations were observed. In the statistical analysis of the results, the Wilcoxon test and contingency table of 2x2 were employed. **RESULTS:** In the different groups, the parameters analyzed in the static urethral pressure profiles revealed only statistically significant differences in maximum pressure urethral values and maximum closing urethral pressure. No differences in either total length or in functional urethral length were observed. The values of the dynamic urethral pressure profiles of the different groups were compared. There was a statistically significantly higher proportion of patients that presented a negative closing urethral pressure dynamics in the group of women with **urodynamically** and clinically demonstrated urinary incontinence in comparison to the group of women whose incontinence was not demonstrated either by **urodynamic** or physical explorations. **CONCLUSIONS:** The urethral pressure profile is sufficiently reliable in confirming both the diagnosis of urinary incontinence and its degree of severity. As a diagnostic test for urinary stress incontinence, it has a sensitivity of 82% and a specificity of 90%.

Tags: Female

Descriptors: *Urinary Incontinence, Stress--diagnosis--DI; Adult; Aged; Aged, 80 and over; Humans; Middle Aged; Transducers, Pressure; Urethra --physiopathology--PP; Urinary Incontinence, Stress--physiopathology--PP

Record Date Created: 19950929

Record Date Completed: 19950929

16/5/12 (Item 12 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11073649 PMID: 7645634

Valsalva leak point pressures in women with genuine stress incontinence: reproducibility, effect of catheter caliber, and correlations with other measures of urethral resistance. Continence Program for Women Research Group.

Bump R C; Elser D M; Theofrastous J P; McClish D K

Department of Obstetrics and Gynecology, Medical College of Virginia/Virginia Commonwealth University, Richmond, Virginia, USA.

American journal of obstetrics and gynecology (UNITED STATES) Aug 1995, 173 (2) p551-7, ISSN 0002-9378 Journal Code: 0370476

Contract/Grant No.: U01AG05170-06; AG; NIA

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

OBJECTIVES: The Valsalva leak point pressure has been promoted as an alternative to urethral pressure profilometry as a measure of urethral resistance in women with genuine stress incontinence. Our aims were to evaluate the reproducibility of the Valsalva leak point pressure, to assess the effect of catheter caliber on the Valsalva leak point pressure, and to compare vesical Valsalva leak point pressure to other measures of urethral resistance. STUDY DESIGN: Sixty consecutive women with genuine stress incontinence underwent duplicate Valsalva leak point pressure determinations by use of 8F and 3F vesical and 8F vaginal catheters. Subjects also underwent a standard resting urethral pressure profilometry, cough leak point pressure determinations, and pressure-flow **micturition** studies. RESULTS: Leakage was demonstrated on both Valsalva maneuvers in approximately 80% of subjects with both catheters. In subjects who leaked with both strains there was an extremely high correlation between the test-retest Valsalva leak point pressure within both catheters. The intercatheter correlation between the 8F and 3F Valsalva leak point pressures was significant but much weaker than the intracatheter correlations; 8F Valsalva leak point pressures were significantly higher than 3F Valsalva leak point pressures, although there were individual exceptions to this observation. Urethral pressure profilometry measures and **micturition** opening pressures were poorly correlated with Valsalva leak point pressure. Cough and vaginal Valsalva leak point pressures were significantly correlated with vesical Valsalva leak point pressure, but cough leak point pressures were significantly higher and vaginal Valsalva leak point pressures were significantly lower than the vesical Valsalva leak point pressure. CONCLUSIONS: Valsalva leak point pressure is a simple and reproducible technique for evaluating urethral resistance in women with genuine stress incontinence. However, variations in Valsalva leak point pressure measurement must be precisely described, standardized, and validated before a technique can be advocated for clinical use.

Tags: Female; Research Support, U.S. Gov't, P.H.S.

Descriptors: *Urethra--physiopathology--PP; *Urinary Incontinence, Stress--physiopathology--PP; *Urodynamics; Adolescent; Adult; Aged; Aged, 80 and over; Humans; Middle Aged; Reproducibility of Results; Urinary Catheterization; Valsalva Maneuver

Record Date Created: 19950921

Record Date Completed: 19950921

16/5/13 (Item 13 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10443191 PMID: 8121598

[Ultrasonographic and urodynamic evaluation in stress incontinence]

Valutazione ultrasonografica ed urodinamica nell'incontinenza da sforzo.

Sacco F; Rigon G; Carbone A; Sacchini D; Castaldo F; Conte M; Sacco R

Istituto di Clinica Ostetrica e Ginecologica, UCSC, Roma.

Minerva ginecologica (ITALY) Nov 1993, 45 (11) p519-25, ISSN

0026-4784 Journal Code: 0400731

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: ITALIAN

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Transvaginal sonography can show partial urinary penetration in the urethra in patients with no clinical incontinence. The Fluid Bridge Test-Pressure urodynamically demonstrates the same phenomenon. We compared these two technics in women with stress urinary incontinence (SUI). 49 patients underwent urodynamic testing and transvaginal sonography; 18 had SUI, 20 were asymptomatic postoperatively (Burch procedure) and 11 were normal controls. Urodynamics consisted of filling cystometry with saline (infusion speed: ml 70/min) using transurethral Foley catheter (n degree 14 Fr), and a **profilometric - pressure Bard catheter** (10 Fr); **micturitional cystometry; uroflowmetry; clino- and orthostatic urethral pressure profile (UPP)** (extraction speed: cm 0.5-1/sec; infusion speed: cm 1.2/min); sphincteric electromyography (EMG); FBT-P with the Bard catheter only. During extraction patients were requested to cough (stress condition). If the urethra is incompetent pressure is transmitted to the water column connected to the pressure transducer, and a "spike" is observed. A competent urethra shows little pressure variation. Ultrasound (US) equipment consisted in a General Electric (RT 3600) sonograph with an electronic transvaginal probe (7.5 MHz) inserted in a gel-lubricated condom. The probe was positioned in the vaginal vestibule in direct proximity to the urethra. Axial and coronal scannings were performed. Echo-imagings were submitted to "post-processing" on US recording equipment. Fluid penetration in the urethra was evident if iperchogenic "turbulence" was observed on playback of the dynamic sonogram on a videocassette recorder (VCR) connected to the sonograph. The SUI group shows leakage of water under stress without detrusorial activity and dynamic UPP with reduced transmission of abdominal pressure on the urethra. (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Female

Descriptors: *Urinary Incontinence, Stress--ultrasonography--US; *Urodynamics; Electromyography; Humans; Urinary Catheterization; Urinary Incontinence, Stress--physiopathology--PP; Uterine Prolapse--surgery--SU; Vagina--surgery--SU

Record Date Created: 19940407

Record Date Completed: 19940407

16/5/14 (Item 14 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10073327 PMID: 8430931

Comparison of stressed simultaneous urethral pressure profiles between anesthetized continent and incontinent bitches with urethral sphincter mechanism incompetence.

Gregory S P; Holt P E

Department of Veterinary Surgery, University of Bristol, Langford, Great Britain.

American journal of veterinary research (UNITED STATES) Feb 1993, 54

(2) p216-22, ISSN 0002-9645 Journal Code: 0375011

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

The popular urodynamic technique of stressed urethral pressure profilometry used for investigation of genuine stress incontinence in women was adapted and applied to bitches. The aim was to assess the suitability and reproducibility of the technique in the canine species, and to

determine whether differences seen in continent and incontinent women were found in bitches. Resting and stressed simultaneous urethral pressure profiles were obtained for 25 continent and 25 incontinent bitches, the latter diagnosed as having urethral sphincter mechanism incompetence. The stressed **urethral pressure profiles** were produced by ballottement of the abdomen during **catheter** withdrawal. The degree of stress induced was consistent and had got short-term reproducibility. Highly significant ($P < 0.001$) differences in the percentage of negative spikes extending below the resting intravesical pressure were found between continent and incontinent bitches. Significant differences were not observed in the pressure transmission profiles between continent and incontinent bitches; both groups had a gradual decrease in pressure transmission from the bladder neck to the external urethral orifice. The distance from the start of the urethral pressure profile to the first negative peak (attributable to respiration or ballottement) on the subtracted profile was compared with the radiographic distance that the bladder neck was positioned with respect to the cranial pubic brim, taking body weight and continence status into account. Body weight and continence status did not have significant effect on the relation in either instance. (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Comparative Study; Female; Research Support, Non-U.S. Gov't

Descriptors: *Bladder--physiopathology--PP; *Dog Diseases--physiopathology--PP; *Urethra--physiopathology--PP; *Urinary Incontinence, Stress--veterinary--VE; Analysis of Variance; Anesthesia--veterinary--VE; Animals; Dogs; Pressure; Regression Analysis; Reproducibility of Results; Urinary Incontinence, Stress--physiopathology--PP

Record Date Created: 19930309

Record Date Completed: 19930309

16/5/15 (Item 15 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09468631 PMID: 1861295

Urodynamic evaluation of the continence mechanism following urethral lengthening--reimplantation and enterocystoplasty.

Parres J A; Kropp K A

Department of Surgery, Medical College of Ohio, Toledo.

Journal of urology (UNITED STATES) Aug 1991, 146 (2 (Pt 2)) p535-8,

ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

In an attempt to create continence in myelomeningocele children we performed urethral lengthening/submucosal reimplantation, a form of bladder neck reconstruction, to create a valve allowing catheterizable access to the bladder. We present the urodynamic findings of 23 patients 4 to 89 months (mean 43.1 months) after bladder neck reconstruction and enterocystoplasty to determine the continence mechanism of this 1-way valve and characteristics of the augmented bladder. Standard cystometrograms with simultaneous pressure recording of the submucosal portion of the neourethra were undertaken with a 10F, triple lumen, **urethral pressure profile catheter**. Baseline **pressures** in the submucosal neourethra were higher than in the bladder (mean 25.3 versus 13.4 cm, water, p less than 0.001). Submucosal tunnel and bladder pressures paralleled throughout filling, with mean tunnel pressures remaining greater at the time of first (53.6 versus 45.5 cm. water, p less than 0.01) and peak (62.9 versus 55.8 cm. water, p greater than 0.05) cystoplasty contractions. Bladders augmented with

detubularized ileum had fewer significant contractions (greater than 40 cm. water) than other types of cystoplasties (36% versus 92%) and over-all they had first and peak contractions at greater volumes and lesser magnitude. We conclude that continence following urethral lengthening/reimplantation results from an anatomical arrangement allowing transmission of dynamic bladder pressure changes to the submucosal neourethra and that urethral pressure exceeds bladder pressure throughout filling. Additionally, our data suggest that detubularized ileum provides a large capacity, low pressure reservoir suitable for augmentation.

Descriptors: *Bladder--surgery--SU; *Intestines--transplantation--TR; *Meningocele--complications--CO; *Urethra--surgery--SU; *Urinary Incontinence--surgery--SU; *Urodynamics--physiology--PH; Adolescent; Adult; Bladder--physiology--PH; Child; Child, Preschool; Follow-Up Studies; Humans; Infant; Pressure; Urethra--physiology--PH; Urinary Incontinence--etiology--ET

Record Date Created: 19910903

Record Date Completed: 19910903

16/5/16 (Item 16 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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09376383 PMID: 2017804

Evaluation of female urinary incontinence.

Snyder J A; Lipsitz D U

Division of Urology, University of Colorado Health Science Center, Denver.

Urologic clinics of North America (UNITED STATES) May 1991, 18 (2) p197-209, ISSN 0094-0143 Journal Code: 0423221

Publishing Model Print

Document type: Journal Article; Review; Review, Tutorial

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

The use of urodynamic testing must be selective and based on the particular patient's complaints. In today's cost-conscious health care environment, a diagnosis based on one or two tests is preferable to exposing each patient to the full battery of available tests. For most patients, a cystometrogram and voiding cystourethrogram can confirm a variety of clinical suspicions. A cystometrogram best indicates how the bladder is behaving during filling. The voiding cystourethrogram allows the physician to observe the bladder and urethra during voiding and offers an excellent view of the anatomic relations of the urologic organs in the pelvis. The other important benefit of urodynamics is the objective data made available in hardcopy as a baseline study to be utilized for comparison in the future. The normal sequence of testing is a noninvasive uroflow study to determine the baseline flow rate. The postvoiding residual volume of urine is then determined. A cystometrogram and electromyography can then be done, the latter if there is a suggestion of neurologic disease or if otherwise indicated to determine bladder behavior on filling. Variations that are helpful when a patient fails to have a bladder contraction include having the patient in an upright or seated position during the test. A bethanechol supersensitivity test may be indicated as well. The **urethral pressure profile** may be done as the **catheter** is withdrawn and the bladder is already filled. The filled invasive flow rate can then be compared with the free flow rate. Sometimes, one of these rates is abnormal, and there is a question about whether the abnormality is real. The residual urine volume can be determined by subtracting the volume the patient voids from the filling volume. In the end, the key to **urodynamic**

evaluation is the interpretation of the test, which should be made only by the individual actually performing the test. It truly is necessary for the physician to be there in person. Selective use of **urodynamics** can target an appropriate treatment for most patients. The female patient who complains of incontinence in whom the history suggests detrusor instability may benefit from a trial of cholinolytic therapy if no anatomic defect is present. In this type of patient, a surgical procedure may not be of benefit, whereas the cholinolytic therapy probably will work. This is a good reason for always choosing the appropriate **urodynamic** tests for evaluating and planning treatment for patients with urinary incontinence.
(19 Refs.)

Tags: Female

Descriptors: *Urinary Incontinence; Humans; Medical History Taking; Physical Examination--methods--MT; Urinary Incontinence--classification--CL; Urinary Incontinence--etiology--ET; Urinary Incontinence--physiopathology--PP; Urodynamics

Record Date Created: 19910521

Record Date Completed: 19910521

16/5/17 (Item 17 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07887972 PMID: 3294729

Principles of modern urodynamic studies.

Perkash I; Friedland G W

Investigative radiology (UNITED STATES) Apr 1987, 22 (4) p279-89,

ISSN 0020-9996 Journal Code: 0045377

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Modern urodynamic equipment should have at least three channels to record the cystometrogram, the electromyogram of the periurethral striated sphincter, and intrarectal pressure. The addition of simultaneous transrectal ultrasonography is helpful. The bladder should not be irritated when introducing the urodynamics catheter. Variables affecting the performance of the catheter used for measuring the **urethral pressure profile** include the size of the lumen, the size of the side hole, the speed with which the catheter is withdrawn, and the rate of infusion. The entire curve of the cystometrogram should be examined, not simply initial rise. Initial overshoots can occur if older apparatus is used or if the **urodynamics** catheter is partially blocked; such overshoots should be disregarded.

Descriptors: *Bladder Diseases--diagnosis--DI; Bladder Neck Obstruction--diagnosis--DI; Bladder, Neurogenic--diagnosis--DI; Diagnosis, Differential; Electromyography; Humans; Manometry; Phentolamine--diagnostic use--DU; Ultrasonography; Urinary Catheterization--instrumentation--IS; Urodynamics

CAS Registry No.: 50-60-2 (Phentolamine)

Record Date Created: 19870707

Record Date Completed: 19870707

16/5/18 (Item 18 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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07880660 PMID: 3580318

The short-term effect of radical hysterectomy on urethral and bladder function.

Farquharson D I; Shingleton H M; Orr J W; Hatch K D; Hester S; Soong S J
British journal of obstetrics and gynaecology (ENGLAND) Apr 1987, 94
(4) p351-7, ISSN 0306-5456 Journal Code: 7503752

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

To investigate bladder neck and urethral function after radical hysterectomy, 21 patients were investigated before and 3 months after the operation. Each patient had an excretory urogram, CO2 cystoscopy, uroflowmetry, water cystometry and a urethral pressure profile, using a dual sensor microtransducer catheter, at rest and during stress. Postoperatively there was a significant reduction in urethral length and urethral closure pressure; however, pressure transmission ratios were maintained, indicating no loss of bladder neck support with stress. Of the six patients with pre-operative bladder neck weakness, two (33%) had stress urinary incontinence at the 3 months assessment. No patient with a normal pre-operative assessment developed this complication. Fifteen (71%) voided by abdominal straining and this manoeuvre emptied the bladder effectively. These data suggest that patients with pre-operative evidence of an incompetent bladder neck may be predisposed to develop stress urinary incontinence after radical hysterectomy because of a reduction in the urethral closure pressure.

Tags: Female

Descriptors: *Bladder Diseases--physiopathology--PP; *Hysterectomy--adverse effects--AE; *Urethral Diseases--physiopathology--PP; Adult; Aged; Bladder--physiopathology--PP; Bladder Diseases--etiology--ET; Humans; Middle Aged; Muscles--physiopathology--PP; Urethra--physiopathology--PP; Urethral Diseases--etiology--ET; Urinary Incontinence, Stress--etiology--ET; Urinary Incontinence, Stress--physiopathology--PP; Urination; Urodynamics

Record Date Created: 19870709

Record Date Completed: 19870709

16/5/19 (Item 19 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

07112047 PMID: 6209793

The micturitional urethral pressure profile.

Asklin B; Erlandson B E; Johansson G; Pettersson S

Scandinavian journal of urology and nephrology (SWEDEN) 1984, 18 (4)
p269-76, ISSN 0036-5599 Journal Code: 0114501

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

The micturitional urethral pressure profile (MUPP) was recorded using a measuring catheter with two eyes, 250 mm apart, one for recording the bladder pressure, the other for the urethral pressure during continuous withdrawal during micturition. Fifteen normal male subjects and 48 male patients with infravesical obstruction were studied. By means of the MUPP, it was possible to determine whether the patient had an obstruction or not,

to differentiate between various kinds of obstructions and to localise the obstruction in the urethra. Provided infravesical obstructions can be considered "near rigid" segments, the degree of obstruction can be calculated and expressed in terms of a diameter and an approximate resistance. The diameter and resistance values should, however, not be considered alone but be regarded as complementary to the pressure profile.

Tags: Male

Descriptors: *Urethra--physiopathology--PP; *Urethral Obstruction--physiopathology--PP; *Urination; *Urodynamics; Adult; Aged; Bladder Neck Obstruction--physiopathology--PP; Humans; Middle Aged; Pressure; Prostatic Hyperplasia--physiopathology--PP; Urethra--physiology--PH; Urethral Stricture--physiopathology--PP; Urinary Catheterization

Record Date Created: 19850124

Record Date Completed: 19850124

16/5/20 (Item 20 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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06477603 PMID: 6890733

New dual-channel microtip transducer catheter for urethral pressure profile and cystometry.

Leach G E; Farsaii A; Raz S

Urology (UNITED STATES) Nov 1982, 20 (5) p555-7, ISSN 0090-4295

Journal Code: 0366151

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Urethral pressure profilometry performed with a dual-channel microtipped transducer catheter and its use in the clinical investigation of female urinary stress incontinence and bladder hyperreflexia are described. A technique for performing filling and voiding cystometry in conjunction with dual-channel profilometry also is discussed.

Tags: Female; Male

Descriptors: *Bladder--physiology--PH; *Transducers; *Transducers, Pressure; *Urethra--physiology--PH; *Urinary Catheterization--instrumentation--IS; Humans; Hydrostatic Pressure; Muscle Contraction; Reflex, Abnormal; Urinary Incontinence--etiology--ET; Urodynamics

Record Date Created: 19830119

Record Date Completed: 19830119

16/5/21 (Item 21 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

(c) format only 2005 The Dialog Corp. All rts. reserv.

05942871 PMID: 6161258

Micturitional static urethral pressure profile: a method of recording urethral pressure profile during voiding and the implications.

Yalla S V; Sharma G V; Barsamian E M

Journal of urology (UNITED STATES) Nov 1980, 124 (5) p649-56, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

Using a tri-lumen graduated 10F catheter we attempted to record static (lateral) pressures at successive points in the urethra, synchronous with intravesical pressure recorded during voiding. Based on our understanding of the essential physical principles described by many earlier investigators we attempted numerous studies in a predominantly male population, which included normal male and female subjects, and male subjects with bladder outlet obstruction of varied etiology. We also attempted to evaluate the effects of the Valsalva maneuver, augmenting the detrusor contraction and artificial distal obstruction (penile compression) on the micturitional static urethral pressure profiles. Studies also were performed to compare the static urethral pressure profiles obtained with the antegrade (catheter withdrawal) and with the retrograde (catheter insertion during voiding) techniques. All of these studies have helped in understanding the various factors, such as double obstructions, artifactual catheter obstructions and incompetent distal sphincter mechanisms, in the interpretation of the micturitional static urethral pressure profile.

Tags: Female; Male

Descriptors: *Urethra--physiology--PH; *Urination; Adult; Aged; Humans; Methods; Middle Aged; Multiple Sclerosis--physiopathology--PP; Muscle Contraction; Pressure; Prostatic Hyperplasia--physiopathology--PP; Spinal Cord Injuries--physiopathology--PP; Urethral Obstruction--physiopathology--PP; Urodynamics

Record Date Created: 19810317

Record Date Completed: 19810317

16/5/22 (Item 22 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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05565801 PMID: 466006

The effect of prostatectomy on urodynamic parameters.

Rao M M; Ryall R; Evans C; Marshall V R

British journal of urology (ENGLAND) Aug 1979, 51 (4) p295-9, ISSN 0007-1331 Journal Code: 15740090R

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Sixty per cent of men subjected to prostatectomy had unstable bladders. It was found that this was related to the presence of either an indwelling catheter or obstruction, but had little influence on the result of prostatectomy. The functional urethral pressure profile length did not correlate with the size of the prostate gland. Shortening of the prostatic plateau was always found, but the extent to which the plateau was reduced did not correlate with urine flow rates.

Tags: Male

Descriptors: *Bladder--physiopathology--PP; *Prostatectomy; *Urethra--physiopathology--PP; *Urination Disorders--surgery--SU; Adult; Aged; Follow-Up Studies; Humans; Middle Aged; Pressure; Prostate--pathology--PA; Time Factors; Urethra--pathology--PA; Urination Disorders--physiopathology--PP

Record Date Created: 19791026

Record Date Completed: 19791026

16/5/23 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
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12768085 EMBASE No: 2004356006

Evaluation of minimally invasive analysis system for cough leak point pressure measurement

Kocjancic E.; Tarrano E.; Panella M.; Crivellaro S.; Smith III J.J.; Maso G.; Favro M.; Ceratti G.; Gontero P.; Frea B.

E. Kocjancic, Clinica Urologica, Universita del Piemonte Orientale, Ospedale Maggiore della Carita, Novara Italy
Journal of Urology (J. UROL.) (United States) 2004, 172/3 (994-997)
CODEN: JOURA ISSN: 0022-5347

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 13

Purpose: Leak point pressure (LPP) measurement has become standard in the diagnosis of stress urinary incontinence. Leak point pressure is determined by increasing abdominal pressure, which can be done with a Valsalva maneuver or coughing, that is Valsalva LPP and cough LPP (CLPP). It may be influenced by catheter size, bladder volume and interobserver variability. A new, computerized LPP measuring technique for routine use in daily urodynamic practice was tested at a female unit urodynamic practice to evaluate female urinary incontinence. Materials and Methods: A total of 28 female patients with a mean age of 54.07 years (range 23 to 82) and urinary incontinence underwent a new, minimally invasive measurement of the cough leak point. Measurements are made with the patient standing and repeated 3 times per patient. Additionally, parameters of the corresponding leak were recorded simultaneously. All patients underwent new CLPP measurement and a standard, complete urodynamic investigation, including filling cystometry with abdominal LPP and urethral pressure profile at rest. Statistical evaluation was done by linear regression analysis and the correlation coefficients among CLPP, age, standard abdominal LPP and maximum urethral pressure, and among the 3 measurements for each patient. Results: The assignment of leakage to the pressure signal presented no problem. All CLPP data were reproducible in the 3 repeated measurements per patient. No correlation was seen between CLPP and abdominal LPP or the urethral pressure profile. Conclusions: The study confirm that the CLPP is a practicable, consistent and minimally invasive method in routine use. Clinical use is easy and reproducible, and only 1 catheter is required for measurement.

DEVICE BRAND NAME/MANUFACTURER NAME: Clipper/andromeda/Germany

DEVICE MANUFACTURER NAMES: andromeda/Germany

MEDICAL DESCRIPTORS:

*bladder pressure; *stress incontinence--diagnosis--di; *coughing; *urodynamics

analytic method; diagnostic approach route; Valsalva maneuver; computer analysis; urine incontinence--diagnosis--di; standing; cystometry; bladder filling; analytical parameters; recording; linear regression analysis; urethra pressure; correlation analysis; age; standard; reproducibility; urine catheter ; analytical equipment; urine flow rate; human; female; clinical article; aged; adult; article; priority journal

SECTION HEADINGS:

006 Internal Medicine

027 Biophysics, Bioengineering and Medical Instrumentation

028 Urology and Nephrology

16/5/24 (Item 2 from file: 73)

DIALOG(R)File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

02194606 EMBASE No: 1982111752

Pressure-flow analysis of micturition: A reappraisal

Shulman Y.; Brown J.

Dept. Urol., New York Univ. Med. Cent., New York, NY United States

Urology (UROLOGY) (United States) 1982, 19/4 (450-452)

CODEN: URGYA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Thirty-one patients undergoing **urodynamic** evaluation had pressure- flow **analysis** consisting of uroflowmetry with and without the presence of an **intraurethral catheter** to measure simultaneous intravesical pressure. The effect of **intraurethral catheter** on flow rates, **voided** volumes, and calculated resistance was determined. The validity of quantitating urethral resistance while actually introducing additional resistance is questioned and an alternate method suggested.

MEDICAL DESCRIPTORS:

*catheter; *urethrocystometry

micturition; diagnosis; urinary tract; bladder; normal value; methodology; etiology; major clinical study

MEDICAL TERMS (UNCONTROLLED): urethra resistance

SECTION HEADINGS:

028 Urology and Nephrology

002 Physiology

16/5/25 (Item 3 from file: 73)

DIALOG(R)File 73:EMBASE

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01984814 EMBASE No: 1981035982

Micturitional static urethral pressure profile: A method of recording urethral pressure profile during voiding and the implications

Yalla S.V.; Sharma G.V.R.K.; Barsamian E.M.

Dept. Urol., Harvard Med. Sch., Boston, Mass. United States

Journal of Urology (J. UROL.) (United States) 1980, 124/5 (649-656)

CODEN: JOURA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Using a tri-lumen graduated 10F catheter we attempted to record static (lateral) pressures at successive points in the urethra, synchronous with intravesical pressure recorded during **voiding**. Based on our understanding of the essential physical principles described by many earlier investigators we attempted numerous studies in a predominantly male population, which included normal male and female subjects, and male subjects with bladder outlet obstruction of varied etiology. We also attempted to evaluate the effects of the Valsalva maneuver, augmenting the detrusor contraction and artificial distal obstruction (penile compression) on the **micturitional static urethral pressure profiles**. Studies also were performed to compare the static **urethral pressure profiles** obtained with the antegrade (**catheter** withdrawal) and with the retrograde (catheter insertion during **voiding**) techniques. All of these studies have helped in understanding the various factors, such as double obstructions, artifactual catheter obstructions and incompetent distal sphincter mechanisms, in the interpretation of the **micturitional static**

urethral pressure profile.

MEDICAL DESCRIPTORS:

*micturition; *urethra pressure
bladder; methodology; urinary tract

SECTION HEADINGS:

028 Urology and Nephrology
002 Physiology

16/5/26 (Item 4 from file: 73)

DIALOG(R)File 73:EMBASE

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01523513 EMBASE No: 1979245467

The effect of prostatectomy on urodynamic parameters

Mohan Rao M.; Ryall R.; Evans C.; Marshall V.R.

Urol. Unit, Dept. Surg., Flinders Med. Cent., Adelaide Australia

British Journal of Urology (BR. J. UROL.) (United Kingdom) 1979, 51/4
(295-299)

CODEN: BJURA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

Sixty per cent of men subjected to prostatectomy had unstable bladders. It was found that this was related to the presence of either an indwelling catheter or obstruction, but had little influence on the result of prostatectomy. The functional urethral pressure profile length did not correlate with the size of the prostate gland. Shortening of the prostatic plateau was always found, but the extent to which the plateau was reduced did not correlate with urine flow rates.

MEDICAL DESCRIPTORS:

*prostatectomy; *urethra pressure
micturition; human cell; diagnosis; case report; male genital system;
bladder

SECTION HEADINGS:

028 Urology and Nephrology
020 Gerontology and Geriatrics

16/5/27 (Item 1 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

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12749356 Genuine Article#: 818CM Number of References: 10

Title: Air-charged and microtransducer urodynamic catheters in the evaluation of urethral function

Author(s): Pollak JT; Neimark M; Connor JT; Davila GW (REPRINT)

Corporate Source: Cleveland Clin Florida, 2950 Cleveland Clin

Blvd/Weston//FL/33331 (REPRINT); Cleveland Clin

Florida, Weston//FL/33331; Cleveland Clin Florida, Dept Gynecol, Ft

Lauderdale//FL/; Cleveland Clin Fdn, Dept Biostat &

Epidemiol, Cleveland//OH/44195

Journal: INTERNATIONAL UROGYNECOLOGY JOURNAL, 2004, V15, N2 (MAR-APR), P
124-128

ISSN: 0937-3462 Publication date: 20040300

Publisher: SPRINGER-VERLAG LONDON LTD, SWEETAPPLE HOUSE CATTESHALL ROAD,
GODALMING GU7 3DJ, SURREY, ENGLAND

Language: English Document Type: ARTICLE

Geographic Location: USA

Journal Subject Category: OBSTETRICS & GYNECOLOGY; UROLOGY & NEPHROLOGY

Abstract: This study aimed to compare measurements of urethral pressure profile and Valsalva leak point pressure (VLPP) obtained with air-charged and microtransducer catheters. Forty-five women with urogynecologic dysfunction underwent multichannel urodynamic evaluation including maximum urethral closure pressure (MUCP), functional urethral length (FUL), and VLPP with air-charged balloon catheters as well as microtransducer catheters. Lin's concordance coefficient was used to examine the agreement of MUCP, VLPP, and FUL measurements with the two catheters. The MUCPs measured with the two catheters had a high concordance coefficient of 0.69 (95% CI 0.50, 0.82). The VLPP measurements obtained with the catheters also agreed well, with a concordance coefficient of 0.71 (95% CI 0.43, 0.87). The measurements of mean FUL had a low concordance of 0.35 (95% CI 0.085, 0.57). Overall, air-charged and microtransducer catheters yield similar information when evaluating VLPP and MUCP. There were differences in FUL and these were likely due to different catheter diameters.

Descriptors--Author Keywords: leak point pressure ; urethral pressure profile ; urodynamic catheters

Cited References:

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MCKINNEY TB, 2000, V11, PS53, INT UROGYNECOL J S1
PLEVNIK S, 1985, V4, P117, NEUROUROL URODYNAM
SUMMITT RL, 1998, V17, P1, AM UROGYNECOLOGIC SO
VERSI E, 1990, V97, P251, BRIT J OBSTET GYNAEC

16/5/28 (Item 2 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci

(c) 2005 Inst for Sci Info. All rts. reserv.

01943932 Genuine Article#: JN661 Number of References: 0

(NO REFS KEYED)

Title: NEUROGENIC BLADDER IN LOWER MOTOR-NEURON LESION - LONG-TERM ASSESSMENT

Author(s): GAJEWSKI JB; AWAD SA; HEFFERNAN LPH; BENSTEAD TJ; DOWNIE JW
Corporate Source: DALHOUSIE UNIV,DEPT UROL,CAMP HILL MED CTR,1763ROBIE ST/HALIFAX B3H 3G2/NS/CANADA/

Journal: NEUROUROLOGY AND URODYNAMICS, 1992, V11, N5, P509-517

ISSN: 0733-2467

Language: ENGLISH Document Type: ARTICLE

Geographic Location: CANADA

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: UROLOGY & NEPHROLOGY

Abstract: We have comprehensively investigated 10 patients with lower motor neuron (LMN) lesions (mean duration of lesions: 14 years) who were managed with intermittent catheterization. All patients (9 males and 1 female) underwent complete neurologic examination and, if necessary, extensive electromyographic studies to define the level and completeness of the lesion. The causes of the LMN lesions were traumatic injury (5), congenital (2), inflammation (1), and surgery (2). Patients were arranged into 2 groups. Five patients had complete lesions (no sensory or motor function at sacral level) and 5 had incomplete lesions (some remaining function). All patients were continent between catheterizations. A detailed urodynamic

investigation, including cystometrogram (CMG), **urethral pressure profile (UPP)**, **voiding** cystourethrogram (VCUG), phentolamine (5 mg i.v.) and bethanechol (5 mg s.c.) tests, was performed in all patients. Detrusor compliance (DC) at 100 ml was statistically the same in both groups (21.9 ml/cm H2O in complete lesions and 37.2 ml/cm H2O in incomplete lesions) and did not change at all after phentolamine in incomplete lesions (37.2 ml/cm H2O) but was somewhat increased in complete ones (27.5 ml/cm H2O). Bethanechol decreased DC in patients with complete and incomplete lesions (2.9 and 7.1 ml/cm H2O, respectively). Maximal urethral pressure was the same in both groups before and after pharmacological tests. The bladder neck was completely closed (VCUG) in all 5 patients with incomplete lesions in comparison to only 1 from the other group. Phentolamine had only a slight effect on bladder neck in both groups. Bladder compliance is normal in patients with LMN lesions treated with intermittent catheterization and the bladder neck is opened only in complete lesions. This may also account for the absence of incontinence in these patients.

Descriptors--Author Keywords: **BLADDER NECK ; DETRUSOR ; MAXIMAL URETHRAL PRESSURE**

16/5/29 (Item 3 from file: 34)

DIALOG(R)File 34:SciSearch(R) Cited Ref Sci
(c) 2005 Inst for Sci Info. All rts. reserv.

00826507 Genuine Article#: EZ707 Number of References: 20

Title: **EFFECT OF MOXISYLYTE ON THE LOWER URINARY TRACTS .2. EFFECT ON THE URETHRA IN ANESTHETIZED DOGS**

Author(s): WATANABE K; HAYASHI Y; IKEDA K; OHNISHI H

Corporate Source: FUJIREBIO INC, PHARMACEUT RES LABS, 51 KOMIYA
CHO/HACHIOJI/TOKYO 192/JAPAN/

Journal: FOLIA PHARMACOLOGICA JAPONICA, 1991, V97, N3, P153-165

Language: JAPANESE Document Type: ARTICLE

Geographic Location: JAPAN

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences

Journal Subject Category: PHARMACOLOGY & PHARMACY

Abstract: Effect of moxisylyte on the lower urinary tracts was studied with the urethral pressure profile (UPP) and balloon method in anesthetized female dogs. In the UPP, moxisylyte produced relaxation in both the proximal and distal urethras. The relaxation effects of prazosin and bunazosin on the distal urethra was weaker than on the proximal urethra. In the balloon method, moxisylyte, prazosin, bunazosin and phentolamine caused a decrease in urethral pressure dose-dependently. The ID25 values of moxisylyte, prazosin, bunazosin and phentolamine were 23.4, 0.43, 0.76 and 33.1-mu-g/kg, respectively. In the balloon method, moxisylytes noncompetitively antagonized phenylephrine induced contraction of the urethra at high doses, whereas prazosin, bunazosin, phentolamine and yohimbine competitively antagonized phenylephrine induced contraction of the urethra. These results suggest that moxisylyte relaxes both the proximal and distal urethras due to alpha-1-adrenoceptor antagonistic and direct urethral smooth muscle relaxant actions. Therefore, moxisylyte is useful for the therapeutic treatment of micturitional disorder.

Identifiers--KeyWords Plus: **BENIGN PROSTATIC OBSTRUCTION; ALPHA-ADRENERGIC BLOCKERS; CONTRACTILE RESPONSE; PHENOXYBENZAMINE; BLADDER; PRAZOSIN; STRIPS**

Research Fronts: 89-0123 001 (**BENIGN PROSTATIC HYPERPLASIA; INTRAVASCULAR STENTS ; TRANS- URETHRAL RESECTION; OBSTRUCTION OF URINARY OUTFLOW**)

89-3320 001 (**SIMULTANEOUS URETHRAL PRESSURE PROFILOMETRY ;**

URINARY-INCONTINENCE IN DOGS; URODYNAMIC INVESTIGATIONS)

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LONGHURST PA, 1983, V42, P735, FED PROC
RAZ S, 1978, V5, P323, UROL CLIN N AM
SALIMI M, 1969, V27, P213, ACTA PHARMACOL TOX
SHAPIRO A, 1981, V9, P17, UROL RES
THIEN TH, 1978, V11, P622, BRIT MED J

21/5/21 (Item 21 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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10975130 PMID: 7538681

Self-expandable metallic stents in high-risk patients with benign prostatic hyperplasia: long-term follow-up.

Song H Y; Cho K S; Sung K B; Han Y M; Kim Y G; Kim C S

Department of Diagnostic Radiology, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea.

Radiology (UNITED STATES) Jun 1995, 195 (3) p655-60, ISSN 0033-8419
Journal Code: 0401260

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: To evaluate the long-term clinical utility of self-expandable metallic Z stents in benign prostatic hyperplasia (BPH). MATERIALS AND METHODS: Under fluoroscopic guidance, 14 multiple-connected Z stents (10 mm in diameter fully expanded, 30-60 mm in length) were placed in 13 patients with bladder obstruction from BPH and high operative risks. The stents were placed in the prostatic urethra with 2-20-mm protrusion into the urinary bladder in six patients (group A) and entirely within the prostatic urethra in seven patients (group B). RESULTS: Eleven of 13 patients could void immediately, and the other two patients with atonic bladder voided within 8 weeks. Maximum urine flow rates just after stent placement were 8-27 mL/sec. Two patients died of unrelated causes within 2 months. During the follow-up period (mean, 37 months) in the other 11 patients, all patients in group A but none in group B underwent surgery owing to stone formation where the stent protruded into the bladder. CONCLUSION: Expandable Z stents are effective in patients with BPH but should not protrude into the urinary bladder because of stone formation.

Tags: Male

Descriptors: *Bladder Neck Obstruction--therapy--TH; *Prostatic Hyperplasia--complications--CO; *Stents; Aged; Aged, 80 and over; Bladder Neck Obstruction--etiology--ET; Bladder Neck Obstruction--radiography--RA; Fluoroscopy; Follow-Up Studies; Humans; Middle Aged; Prostatic Hyperplasia--radiography--RA; Radiography, Interventional; Risk Factors

Record Date Created: 19950620

Record Date Completed: 19950620

21/5/23 (Item 23 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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10319866 PMID: 7692101

A self-expanding prostatic stent for bladder outlet obstruction in high risk patients.

Morgentaler A; DeWolf W C

Division of Urology, Beth Israel Hospital, Harvard Medical School, Boston, Massachusetts.

Journal of urology (UNITED STATES) Nov 1993, 150 (5 Pt 2) p1636-40, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

We describe the clinical experience with a self-expanding **prostatic stent** used in patients with **bladder outlet obstruction** and advanced comorbid medical illness. A Gianturco-Z stent was placed in 25 men, including 21 in urinary retention. Patients were followed clinically and with serial endoscopy. Mean age was 80.5 years (range 54 to 98). Mean followup was 10.1 months, with a longest followup of 24 months. Spontaneous voiding resumed in 20 of 21 patients (95%) with retention, with 16 of 21 (76%) demonstrating long-term success. Two patients failed due to stent migration within 1 month. Other complications were limited to minor stent encrustations in 2 cases, symptomatic urinary infections without fever in 2 and epididymitis occurring 15 months following stent placement in 1. No perioperative cardiovascular complications were encountered. Followup endoscopy revealed partial stent coverage by urothelium in 13 of 16 men at 1 month and greater than 90% coverage in 8 of 13 by 3 months. The high success rate with minimal morbidity observed suggests that prostatic stents may become the first-line therapy for the medically compromised man with **bladder outlet obstruction**.

Tags: Male

Descriptors: *Bladder Neck Obstruction--therapy--TH; *Prostatic Hyperplasia--complications--CO; *Stents; Aged; Aged, 80 and over; Bladder Neck Obstruction--etiology--ET; Endothelium--pathology--PA; Equipment Design; Follow-Up Studies; Humans; Middle Aged; Mucous Membrane--pathology--PA; Recurrence; Risk Factors; Urethra--pathology--PA

Record Date Created: 19931112

Record Date Completed: 19931112

21/5/24 (Item 24 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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10241097 PMID: 7687552

New urodynamic model to explain micturition disorders in benign prostatic hyperplasia patients. Pressure-flow relationships in collapsable tubes, hydraulic analysis of the urethra and evaluation of urethral resistance.

Glemaïn P; Buzelin J M; Cordonnier J P

Département de Urologie, Hôtel-Dieu, Centre Hospitalier-Universitaire, Nantes, France.

European urology (SWITZERLAND) 1993, 24 Suppl 1. p12-7, ISSN 0302-2838 Journal Code: 7512719

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

How can the hydrodynamic disorders caused by benign prostatic hyperplasia (BPH) be explained? And how can they be measured in order to assess the efficiency of treatment? To answer these questions, a model based on the results of experiments performed in collapsable tubes and on a hydraulic analysis of the urethra is elaborated. A BPH combining hypertonia and/or hypertrophy, essentially leads to a rise in the opening **pressure** which increases bladder work before micturition, as well as a reduction in the functional caliber of the prostatic urethra. Whatever its origin, this reduction in caliber is the only explanation for the importance of the urethral resistance increase noticed in cases of BPH. Instantaneous resistance calculation, based on the **pressure** /maximum flow rate relationship, measured when the flow is steady (for a few seconds), would be a good experimental physical parameter. However, on a clinical basis, an

exact calculation is impossible, which makes its precision and reliability not as good as they should be. In order to calculate the resistance to micturition as a whole, particularly taking into account the difficulty in urethral opening, it was suggested to include the opening **pressure** in the **pressure** /flow study. But this fits neither with fluid mechanics data nor with the results of experiments carried out in collapsable tubes. Eventually, considering that no evaluation method of the resistance to urinary flow is acknowledged to be accurate on a hydraulic basis or urodynamically applicable, one wonders whether placing more confidence in simple data obtained in a noninvasive way, and used without mathematical tricks, is not preferable. (ABSTRACT TRUNCATED AT 250 WORDS)

Tags: Male; Research Support, Non-U.S. Gov't

Descriptors: *Prostatic Hyperplasia--complications--CO; *Urethra
--physiopathology--PP; *Urination Disorders--etiology--ET; *Urodynamics
--physiology--PH; Humans; Models, Biological; Prostatic Hyperplasia
--physiopathology--PP; Urethral Obstruction--etiology--ET; Urethral
Obstruction--physiopathology--PP; Urinary Retention--etiology--ET; Urinary
Retention--physiopathology--PP; Urination Disorders--physiopathology--PP

Record Date Created: 19930826

Record Date Completed: 19930826

21/5/31 (Item 1 from file: 94)

DIALOG(R)File 94:JICST-EPlus

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02678510 JICST ACCESSION NUMBER: 96A0266030 FILE SEGMENT: JICST-E

A Urodynamic Study of Benign Prostatic Hyperplasia.

NAGASHIMA KAORU (1)

(1) Chiba Univ., Sch. of Med.

Chiba Igaku Zasshi(Chiba Medical Journal), 1996, VOL.72,NO.1, PAGE.23-31,
FIG.8, TBL.3, REF.37

JOURNAL NUMBER: G0640ABD ISSN NO: 0303-5476 CODEN: CIZAA

UNIVERSAL DECIMAL CLASSIFICATION: 616.61/.69

LANGUAGE: Japanese

COUNTRY OF PUBLICATION: Japan

DOCUMENT TYPE: Journal

ARTICLE TYPE: Original paper

MEDIA TYPE: Printed Publication

ABSTRACT: In order to examine the mechanism of micturition disturbance in benign prostatic hyperplasia(BPH), **pressure** -flow study was performed in 18 patients with BPH and in 6 normal volunteers, by using multi-microtip transducer **catheter**. At maximum desire to void, the **pressure** of **prostatic urethra** was higher in **BPH** than in volunteers ($p<0.05$). At maximum flow, intravesical **pressure** and the **pressure** of prostatic urethra were higher in BPH than in volunteers ($p<0.05$). However, after administration of phentolamine, these high **pressures** of prostatic urethra decreased, showing no significant difference between BPH and volunteers. Intravesical **pressure** at maximum flow decreased by aging and increased along with the weight of the prostate. The time of bladder neck opening had a tendency to increase with the weight of the prostate. It is concluded that the mechanism of micturition disturbance of BPH is attributable to the anatomical structure due to enlarged bulk of the prostate, increased functional tonus by .ALPHA.-adrenergic activity of prostatic urethra and decreased contractility of detrusor by aging. (author abst.)

DESCRIPTORS: prostatic hypertrophy; urination disorder; urination; internal pressure; bladder; urethra; pressure measurement; flow measurement; indwelling catheter; alpha adrenergic receptor; human(primates); adrenergic blocking drug; alpha adrenergic antagonist

BROADER DESCRIPTORS: prostatic disease; male genital disease; genital

disease; disease; hypertrophy; symptom; disorder/trouble/obstacle;
urologic disease; excretion; urogenital system physiology; pressure;
urinary organ; urogenital organ; measurement; catheter; medical
equipment; adrenergic receptor; signal transduction receptor; membrane
receptor; chemoreceptor; receptor; sympathomimetic; autonomic drug;
nervinum; drug

CLASSIFICATION CODE(S): GM03000L

21/5/41 (Item 7 from file: 34)

DIALOG(R) File 34:SciSearch(R) Cited Ref Sci

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04650817 Genuine Article#: TZ330 Number of References: 17

**Title: NEW USE OF FOLEY CATHETER FOR PRECISE VESICourethRAL ANASTOMOSIS
DURING RADICAL RETROPUBIC PROSTATECTOMY**

Author(s): PETROSKI RA; THRASHER JB; HANSBERRY KL

Corporate Source: MADIGAN ARMY MED CTR, HSHJ SU, DEPT SURG, DIV

UROL/TACOMA//WA/98431; MADIGAN ARMY MED CTR, HSHJ SU, DEPT SURG, DIV

UROL/TACOMA//WA/98431

Journal: JOURNAL OF UROLOGY, 1996, V155, N4 (APR), P1376-1377

ISSN: 0022-5347

Language: ENGLISH Document Type: ARTICLE

Geographic Location: USA

Subfile: SciSearch; CC LIFE--Current Contents, Life Sciences; CC CLIN--
Current Contents, Clinical Medicine

Journal Subject Category: UROLOGY & NEPHROLOGY

Abstract: Purpose: We describe a new method of using a Foley catheter to
assist vesicourethral anastomosis during radical retropubic
prostatectomy.

Materials and Methods: A total of 81 patients underwent radical
retropubic prostatectomy with this technique. Followup ranged from 4 to
48 months. Peri-catheter urethrograms were performed at 3 weeks.
Patients were evaluated specifically for bladder neck contracture,
urinary continence and prolonged catheterization.

Results: Bladder neck contracture occurred in 4.9% of the patients
and 87.6% were completely continent of urine. Only 1 patient required
extended postoperative catheterization.

Conclusions: Use of a Foley catheter for vesicourethral anastomosis
is consistent and simple, and provided good surgical results in our
experience.

Descriptors--Author Keywords: **PROSTATECTOMY ; PROSTATIC DISEASES ;
URINARY CATHETERIZATION ; BLADDER OUTLET OBSTRUCTION**

Identifiers--KeyWords Plus: URETHRAL SUTURE GUIDE

Research Fronts: 94-0282 001 (PROSTATE-SPECIFIC ANTIGEN; OVARIAN-CANCER
SCREENING TRIAL; SERUM CONCENTRATIONS)

Cited References:

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LEVY JB, 1994, V44, P888, UROLOGY
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SURYA BV, 1990, V143, P755, J UROLOGY
WALSH PC, 1992, V3, P2865, CAMPBELLS UROLOGY
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YOKAYAMA M, 1989, V33, P145, UROLOGY

28/5/1 (Item 1 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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11788396 PMID: 9072589

Manual versus computer methods for diagnosing obstruction from pressure-flow tracings in patients with benign prostatic hyperplasia.

Trucchi A; Franco G; Manieri C; Valenti M; Carter S S; Tubaro A

Department of Urology, La Sapienza University, Rome, Italy.

Journal of urology (UNITED STATES) Mar 1997, 157 (3) p871-5, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Clinical Trial; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: We compared manual versus computer analysis of pressure-flow tracings for diagnosing bladder outlet obstruction in patients with benign prostatic hyperplasia. **MATERIALS AND METHODS:** A total of 105 patients with a clinical diagnosis of prostate enlargement and lower urinary tract symptoms was included in the study irrespective of free flow rates. Pressure-flow studies were performed in duplicate and tracings were evaluated by 2 independent investigators blinded to patients status. Manual reading of urodynamic printouts and fully computerized analysis using CLIM software were done. All urodynamic parameters relevant to the diagnosis of outlet obstruction were compared using the Abrams-Griffiths and Schafer nomograms. Group specific urethral resistance factors were also compared. **RESULTS:** There was good correlation between manual and computer derived values of maximum flow ($r = 0.9874$, $p < \text{or} = 0.0001$), detrusor pressure at maximum flow ($r = 0.9943$, $p < \text{or} = 0.0001$), minimum detrusor pressure during voiding ($r = 0.8816$, $p < \text{or} = 0.0001$) and group specific urethral resistance factor ($r = 0.9917$, $p < \text{or} = 0.0001$). The diagnosis of outlet obstruction according to the group specific urethral resistance factor, and the Abrams-Griffiths and Schafer nomograms was highly consistent using the manual and computerized approaches. **CONCLUSIONS:** Manual analysis of pressure-flow tracings generated by urodynamic equipment and digital data obtained by CLIM software appeared to be highly consistent and equally reliable for diagnosing and grading outlet obstruction.

Tags: Comparative Study; Male

Descriptors: *Bladder Neck Obstruction--diagnosis--DI; *Diagnosis, Computer-Assisted; *Prostatic Hyperplasia--diagnosis--DI; *Urodynamics; Aged; Bladder Neck Obstruction--etiology--ET; Humans; Middle Aged; Prostatic Hyperplasia--complications--CO

Record Date Created: 19970324

Record Date Completed: 19970324

28/5/2 (Item 2 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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11418273 PMID: 8709301

Variability of clinical and pressure-flow study variables after 6 months of watchful waiting in patients with lower urinary tract symptoms and benign prostatic enlargement.

Witjes W P; de Wildt M J; Rosier P F; Caris C T; Debruyne F M; de la Rosette J J

Department of Urology, University Hospital Nijmegen, The Netherlands.

Journal of urology (UNITED STATES) Sep 1996, 156 (3) p1026-34,

ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print; Comment in J Urol. 1996 Sep;156(3) 1040-1;
Comment in PMID 8709303

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: We quantified the physiological variability of clinical and pressure-flow study variables in patients with symptomatic benign prostatic enlargement. **MATERIALS AND METHODS:** Symptom scores were measured, and advanced urodynamic studies with pressure-flow analysis were performed in 178 patients before and 6 months after a period of watchful waiting. **RESULTS:** Patients without bladder outlet obstruction experienced significant symptomatic improvement. Symptoms in patients with obvious bladder outlet obstruction did not improve significantly. The reproducibility of mean pressure-flow variables was evident. However, there was an important intra-individual variability. Patients with obvious bladder outlet obstruction showed a significant decrease in detrusor pressure at maximal flow of 14 cm. water, a significant decrease in the urethral resistance factor of 7 cm. water and a significant decrease of 1 **obstruction** class on the linear passive **urethral** resistance relation nomogram, indicating less severe bladder outlet obstruction. **CONCLUSIONS:** Mean differences among therapy groups must be regarded critically, especially when the difference are slight and possibly within physiological variability.

Tags: Male

Descriptors: *Bladder Neck Obstruction--physiopathology--PP; *Prostatic Hyperplasia--physiopathology--PP; *Urodynamics; Aged; Bladder Neck Obstruction--etiology--ET; Humans; Middle Aged; Pressure; Prospective Studies; Prostatic Hyperplasia--complications--CO; Prostatic Hyperplasia--therapy--TH; Time Factors

Record Date Created: 19960912

Record Date Completed: 19960912

28/5/3 (Item 3 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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10281767 PMID: 7689968

Predictive factors for successful surgical outcome of benign prostatic hypertrophy.

Kuo H C; Chang S C; Hsu T

Department of Urology, Buddhist Tz'u-Chi General Hospital, Hualien, Taiwan.

European urology (SWITZERLAND) 1993, 24 (1) p12-9, ISSN 0302-2838
Journal Code: 7512719

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Four hundred patients with benign prostatic hypertrophy (BPH) undergoing prostatic surgery were enrolled in this study in order to search for factors predictive of a successful outcome. 139 patients had acute urinary retention and the others had irritative and obstructive voiding symptoms. Preoperative examinations included intravenous urography (IVU), transrectal sonography of the prostate (TRSP), cystometry, uroflowmetry, and urethral pressure profilometry (UPP). Retropubic prostatectomy was undertaken in 16

cases, transurethral resection of the prostate in 335, and transurethral incision of the prostate in 49. In the follow-up period of 3 months to 3 years, a strictly successful result was achieved in 324 patients (81%). 26 patients (6.5%) had a fair result, 30 (7.5%) were stationary, in 18 (4.5%) the symptoms became worse, and 2 (0.5%) died postoperatively. On analysis of the success rate, 9 favorable factors and 9 unfavorable factors were noted. A symptomatic large prostatic adenoma proven by IVU, TRSP, or UPP will imply a higher success rate. Urodynamically obstructive BPH proven by a high voiding pressure and constrictive flow pattern can also predict a satisfactory outcome. The unfavorable factors always come from a small adenoma, uncertain irritative symptoms and detrusor underactivity. Patients with more than 2 unfavorable factors should be investigated carefully before surgery. The presence of 2 favorable factors without an unfavorable factor will usually predict the best surgical outcome.

Tags: Male

Descriptors: *Prostatectomy; *Prostatic Hyperplasia--diagnosis--DI; *Prostatic Hyperplasia--surgery--SU; Aged; Aged, 80 and over; Bladder--physiopathology--PP; Follow-Up Studies; Humans; Middle Aged; Preoperative Care; Prognosis; Prostatectomy--methods--MT; Prostatic Hyperplasia--complications--CO; Prostatic Hyperplasia--physiopathology--PP; Rheology; Treatment Outcome

Record Date Created: 19931007

Record Date Completed: 19931007

28/5/4 (Item 4 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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06040213 PMID: 6164800

Urodynamic evaluation of prostatic enlargements with micturitional vesicourethral static pressure profiles.

Yalla S V; Blute R; Waters W B; Snyder H; Fraser L

Journal of urology (UNITED STATES) May 1981, 125 (5) p685-9, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

We studied 58 men with prostatism, who were between 58 and 75 years old, with micturitional vesicourethral static pressure profiles. The study consisted of recording static (lateral) pressures of successive segments of the posterior urethra during voiding, with synchronous monitoring of the vesical pressure activity. An abnormal pressure decrease across the supramontane urethra was considered to be a functional compromise to the prostatic urethra. The studies indicated that the degree of prostatic urethral obstruction was not related to the clinical and endoscopic assessment of **prostatic enlargement**. Three major patterns emerged from our studies: 1) moderate to severe **prostatic enlargement** with severe obstruction, 2) moderate to severe **prostatic enlargement** with minimal or no obstruction and 3) minimal **prostatic enlargement** with severe obstruction. Also, a good correlation became apparent between **micturitional vesicourethral static pressure profilometry** and uroflowmetry.

Tags: Male

Descriptors: *Bladder--physiopathology--PP; *Prostatic Hyperplasia--physiopathology--PP; *Urethra--physiopathology--PP; *Urodynamics; Aged; Humans; Middle Aged; Pressure; Urination

Record Date Created: 19810723
Record Date Completed: 19810723

28/5/5 (Item 1 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

03024566 EMBASE No: 1985018532
Vesicourethral static pressure profile during voiding: Methodology and clinical utility
Yalla S.V.; Resnick N.M.
Division of Urology, Surgical Service, Veterans Administration Medical Center, West Roxbury, MA 02132 United States
World Journal of Urology (WORLD J. UROL.) (Germany) 1984, 2/3 (196-202)
CODEN: WJURD
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Searching for more direct urodynamic methods to accurately localize and assess the degree of bladder outlet obstructions, we have evaluated the role of **micturitional vesicourethral static pressure profile** measurements in clinical **urodynamics**. More than 400 patients, normal and abnormal, were studied with this technique over the past seven years. Details of the technique and the patterns of abnormalities are described for patients having **prostatic enlargement**, isolated bladder neck **obstruction**, and anterior **urethral strictures**.

MEDICAL DESCRIPTORS:

*bladder obstruction; *bladder pressure; *micturition; *urethra pressure; *urethra stricture
bladder; urinary tract; short survey; diagnosis; human

SECTION HEADINGS:

028 Urology and Nephrology
002 Physiology

28/5/6 (Item 2 from file: 73)
DIALOG(R)File 73:EMBASE
(c) 2005 Elsevier Science B.V. All rts. reserv.

02400176 EMBASE No: 1983169187
Ineffectiveness of phenoxybenzamine in treatment of benign prostatic hypertrophy. A controlled study
Brooks M.E.; Sidi A.A.; Hanani Y.; Braf Z.F.
Dep. Rehabil. Med., Chaim Sheba Med. Cent., Tel Hashomer Israel
Urology (UROLOGY) (United States) 1983, 21/5 (474-478)
CODEN: URGYA
DOCUMENT TYPE: Journal
LANGUAGE: ENGLISH

Twenty-eight patients with benign prostatic hypertrophy were observed in a controlled study to determine the effectiveness of low-dose phenoxybenzamine. No statistically significant benefit on **flow rate**, residual **urine**, or **urethral profile pressure** was shown. It is concluded that phenoxybenzamine in low doses is ineffective in reducing the physical obstruction of the **enlarged prostate gland**.

DRUG DESCRIPTORS:

*corrinoid; *phenoxybenzamine

MEDICAL DESCRIPTORS:

*drug resistance; *micturition; *drug therapy; *prostate hypertrophy therapy; bladder; human; urinary tract; male genital system; clinical article

CAS REGISTRY NO.: 59-96-1, 63-92-3 (phenoxybenzamine)

SECTION HEADINGS:

- 037 Drug Literature Index
- 028 Urology and Nephrology
- 030 Clinical and Experimental Pharmacology

28/5/7 (Item 1 from file: 144)

DIALOG(R) File 144:Pascal

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12679679 PASCAL No.: 96-0380369

Variability of clinical and pressure-flow study variables after 6 months of watchful waiting in patients with lower urinary tract symptoms and benign prostatic enlargement. Commentary

WITJES W P J; DE WILDT M J A M; ROSIER P F W M; CARIS C T M; DEBRUYNE F M J; DE LA ROSETTE J J M C H; LABASKY R F comment

Department of Urology, University Hospital Nijmegen, Nijmegen, Netherlands

Journal: The Journal of urology, 1996, 156 (3) 1026-1034

ISSN: 0022-5347 CODEN: JOURAA Availability: INIST-2081; 354000063745900430

No. of Refs.: 26 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: United States

Language: English

Purpose : We quantified the physiological variability of clinical and pressure-flow study variables in patients with symptomatic benign prostatic enlargement. Materials and Methods : Symptom scores were measured, and advanced urodynamic studies with pressure-flow analysis were performed in 178 patients before and 6 months after a period of watchful waiting. Results : Patients without bladder outlet obstruction experienced significant symptomatic improvement. Symptoms in patients with obvious bladder outlet obstruction did not improve significantly. The reproducibility of mean pressure-flow variables was evident. However, there was an important intra-individual variability. Patients with obvious bladder outlet obstruction showed a significant decrease in detrusor pressure at maximal flow of 14 cm. water, a significant decrease in the urethral resistance factor of 7 cm. water and a significant decrease of 1 **obstruction** class on the linear passive **urethral** resistance relation nomogram, indicating less severe bladder outlet obstruction. Conclusions : Mean differences among therapy groups must be regarded critically, especially when the differences are slight and possibly within physiological variability.

English Descriptors: Hypertrophy; Prostate; Benin; Evolution;

Symptomatology; Clinical investigation; Manometry; Expectation; Result; Human

Broad Descriptors: Afrika; Africa; Urinary system disease; Male genital diseases; Prostate disease; Urinary tract disease; Afrique; Appareil urinaire pathologie; Appareil genital male pathologie; Prostate pathologie; Voie urinaire pathologie; Africa; Aparato urinario patologia; Aparato genital macho patologia; Prostata patologia; Via urinaria patologia

French Descriptors: Hypertrophie; Prostate; Benin; Evolution;

Symptomatologie; Exploration clinique; Manometrie; Expectation; Resultat; Homme

Classification Codes: 002B14D02

44/5/1 (Item 1 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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14769846 PMID: 12728469

Relationship between urinary endogenous steroid metabolites and lower urinary tract function in postmenopausal women.

Bai Sang Wook; Jung Byung Hwa; Chung Bong Chul; Kim Sei Kwang; Park Ki Hyun

Department of Obstetrics and Gynecology, Yonsei University College of Medicine, 134 Shinchon-dong, Seodaemun-gu, Seoul 120-752, Korea. swbai@yumc.yonsei.ac.kr

Yonsei medical journal (Korea (South)) Apr 30 2003, 44 (2) p279-87, ISSN 0513-5796 Journal Code: 0414003

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

To investigate the relationship between the endogenous steroid hormones and the lower urinary tract function in postmenopausal women. Thirty postmenopausal volunteer women who did not have lower urinary tract symptoms or hormone replacement therapy were enrolled in this study. Urodynamic studies included uroflowmetry, multi-channel cystometry, and **urethral pressure profilometry** were conducted. Gas Chromatography-Mass Spectroscopy (GC-MS) was used to measure the urinary endogenous steroid hormone metabolites. The relationship between the urinary profile of the endogenous steroids and the urodynamic parameters of these patients were investigated. The mean ages of the patients were 60.6 +/- 5.5 years, and the Body Mass Index (BMI) averaged 24.56 +/- 2.23 (kg/m²). Of the progesterone metabolites, pregnandiol was significantly related to the residual volume in the uroflowmetry and the functional urethral length parameters (R=0.98, p=0.000; R=-0.65, p=0.04). Pregnantriol was significantly related to the maximum flow rate, the residual volume in uroflowmetry, the maximum **urethral closure pressure** and the functional **urethral** length (R=-0.64, p=0.04; R=0.82, p=0.01; R=0.04, p=0.04; R=-0.79, p=0.01). In the androgen metabolites, androstenedione, 5-AT, 11-keto Et, 11-betahydroxy Et, THS, and THE were significantly related to the residual volume in uroflowmetry (R=0.92, p=0.001; R=0.84, p=0.008; R=0.99, p=0.000; R=0.72, p=0.03; R=0.97, p=0.000; R=0.85, p=0.00). beta-THF/alpha-THF was significantly related to the maximum flow rate, the residual volume in uroflowmetry, the maximum **urethral closure pressure** and the functional **urethral** length (R=-0.76, p=0.02; R=0.67, p=0.04; R=0.74, p=0.02; R=-0.92, p=0.000). alpha-cortol was significantly related to the residual volume in uroflowmetry, the maximum **urethral closure pressure** and the functional **urethral** length (R=0.81, p=0.01; R=0.71, p=0.03; R=-0.87, p=0.000). Of the estrogen metabolites, estrone (E1) was significantly related to the normal desire to void (R=0.68, p=0.04) and 17beta-estradiol/estrone was also significantly related to the normal and strong desire to void (R=-0.70, p=0.03 and R=-0.74, p=0.02, respectively). The urinary progesterone and androgen metabolite concentrations were positively related to the residual volume in uroflowmetry and positively or negatively related to MUCP and FUL. However, the urinary estrone concentration was positively related to the normal desire to void and 17beta-estradiol/estrone was significantly related to the normal and strong desire to void.

Tags: Female

Descriptors: *Androgens--metabolism--ME; *Estrogens--metabolism--ME; *Postmenopause--physiology--PH; *Urodynamics; Aged; Bladder--physiology--PH

; Humans; Mass Fragmentography; Middle Aged; Progesterone--metabolism--ME;
Urethra--physiology--PH
CAS Registry No.: 0 (Androgens); 0 (Estrogens); 57-83-0
(Progesterone)
Record Date Created: 20030502
Record Date Completed: 20030529

44/5/2 (Item 2 from file: 155)
DIALOG(R) File 155:MEDLINE(R)
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14195091 PMID: 11992066

Transurethral microwave therapy in 200 patients with a minimum followup of 2 years: urodynamic and clinical results.

Thalmann George N; Mattei Agostino; Treuthardt Cedric; Burkhard Fiona C; Studer Urs E

Department of Urology, University of Berne, Berne, Switzerland.

Journal of urology (United States) Jun 2002, 167 (6) p2496-501,
ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: We investigated the long-term efficacy of the second generation Targis thermotherapy device (Urologix, Inc., Minneapolis, Minnesota) for decreasing outflow obstruction caused by benign prostatic hyperplasia. **MATERIALS AND METHODS:** At a minimum followup of 24 months 200 patients with bladder outlet obstruction documented on urodynamics and cystoscopy document with preserved detrusor function underwent transurethral microwave therapy while under local anesthesia. In 45% of cases the general American Society of Anesthesiologists health score was 3 or greater. **RESULTS:** After a median observation time of 42 months (range 2 to 72) 43 patients (22%) who required additional treatment (repeat thermotherapy, transurethral prostate resection or permanent cystostomy) were excluded from further analysis, as were 15 (7.5%) who died of causes unrelated to treatment during followup and 13 (6.5%) who were lost to followup or refused followup investigations. In the 162 patients evaluated 6 months after treatment the median International Prostate Symptom Score decreased from 23 points (range 10 to 34) before treatment to 3 (range 0 to 21) and remained stable at 12 and 24 months. Median maximum flow increased from 6 ml. per second (range 1 to 15) before treatment to 14.5 (range 4 to 50) 6 months after treatment and remained stable at 12 and 24 months. Median post-void residual urine volume decreased from 170 ml. (range 35 to 720) before treatment to 17 (range 0 to 327) after 6 months and then remained unchanged. Urodynamic evaluation in the 162 patients after 6 months showed a decrease from pretreatment median detrusor opening pressure of 87.5 to 53 cm. water. Median detrusor pressure at maximum flow decreased from 86 to 58 cm. water 6 (p <0.0001). At the 24-month followup 59 of the 129 evaluable patients agreed to undergo repeat urodynamic evaluation. Pressure flow analysis in these 59 cases revealed a decrease in median minimal **urethral opening pressure** from 70 to 40 cm. water at 6 months and to 38 cm. water at 24 months (p <0.0001). Median detrusor pressure at maximum flow decreased significantly from the pretreatment value of 86 to 55 cm. water at 6 months and 58 cm. water at 24 months (p <0.0001). **CONCLUSIONS:** In patients with a good initial response to treatment, which is achieved in approximately 80%, transurethral microwave therapy provides excellent long-term subjective and objective results. Improved urinary flow, decreased post-void residual urine volume and urodynamic parameters remain stable at 2 years.

Transurethral microwave therapy with second generation microwave equipment did not compromise any conventional treatment needed in the 22% of patients who were nonresponders at 6 months.

Tags: Male

Descriptors: *Bladder Neck Obstruction--radiotherapy--RT; *Microwaves--therapeutic use--TU; *Prostatic Hyperplasia--complications--CO; Adult; Aged; Aged, 80 and over; Bladder Neck Obstruction--etiology--ET; Bladder Neck Obstruction--physiopathology--PP; Follow-Up Studies; Humans; Middle Aged; Prospective Studies; Urination; Urodynamics

Record Date Created: 20020506

Record Date Completed: 20020617

44/5/3 (Item 3 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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14104817 PMID: 11880072

A method for estimating within-patient variability in maximal urinary flow rate adjusted for voided volume.

Sonke Gabe S; Robertson Chris; Verbeek Andre L M; Witjes Wim P J; de la Rosette Jean J M C H; Kiemeny Lambertus A

Department of Urology, University Medical Center, Nijmegen, The, Nijmegen, Netherlands.

Urology (United States) Mar 2002, 59 (3) p368-72, ISSN 1527-9995
Journal Code: 0366151

Publishing Model Print

Document type: Evaluation Studies; Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

OBJECTIVES: To investigate whether volume adjustment can be used to reduce the within-patient variability of the maximal urinary flow rate (Qmax) without affecting the variability between patients. METHODS: We analyzed 2049 urinary flow curves of 208 men with lower urinary tract symptoms suggestive of bladder outlet obstruction and studied the relation between Qmax and voided volume (VV) in individual patients using multilevel regression analysis. RESULTS: In agreement with most previous studies, we found a hyperbolic relation between the VV and Qmax. Although hyperbolic on average, the slope of the regression line relating the VV to Qmax differed substantially across individual patients. In some patients, Qmax even tended to be lower with an increased VV. CONCLUSIONS: The reproducibility of Qmax is poor, in part because of its dependence on the VV. The current methods to adjust Qmax for VV, such as the Siroky nomogram, minimize between-patient dependency, whereas our findings emphasize the importance of within-patient variability. A common approach to adjust Qmax for VV, however, is not feasible, because the relation of Qmax to VV differs substantially across patients. The only valid, although impractical option, remains to record a large number of urinary flow curves for each patient.

Tags: Male

Descriptors: *Diagnostic Techniques, Urological--standards--ST; *Urodynamics--physiology--PH; Humans; Regression Analysis; Reproducibility of Results; Urologic Diseases--physiopathology--PP

Record Date Created: 20020307

Record Date Completed: 20020325

44/5/4 (Item 4 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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12648281 PMID: 10569551

Urodynamic analysis of the bulbourethral sling procedure.

Clemens J Q; Bushman W; Schaeffer A J

Department of Urology, Northwestern University Medical School, Chicago, Illinois, USA.

Journal of urology (UNITED STATES) Dec 1999, 162 (6) p1977-81; discussion 1981-2, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

PURPOSE: The bulbourethral sling procedure is successful in correcting incontinence following radical prostatectomy. However, the mechanism of action of the sling is not intuitively clear. We analyze the results of urodynamic testing on a cohort of men who underwent the bulbourethral sling procedure. **MATERIALS AND METHODS:** Between October 1994 and October 1997, 66 men underwent the bulbourethral sling procedure at our hospital. All but 1 patient underwent preoperative video urodynamic testing. Intraoperative urethral pressure profilometry and abdominal leak point pressure measurements were performed. Additionally, all patients were invited to undergo followup video urodynamic testing. Results were correlated with current continence status. **RESULTS:** Preoperatively all patients demonstrated intrinsic sphincter deficiency. Following sling placement postoperative Valsalva leak point pressure values were significantly increased but maximum resting urethral pressures were unchanged. Preoperative and postoperative Abrams-Griffiths nomograms were not consistent with postoperative **bladder outlet obstruction**. Postoperative **voiding** pressures were consistently less than corresponding Valsalva leak point pressures. **CONCLUSIONS:** Patients undergoing video urodynamic testing following the bulbourethral sling procedure demonstrated unobstructed voiding patterns, despite significant increases in Valsalva leak point pressures.

Tags: Male

Descriptors: *Sutures; *Urinary Incontinence--surgery--SU; *Urodynamics; Humans; Prostatectomy--adverse effects--AE; Urethra; Urinary Incontinence--etiology--ET; Urinary Incontinence--physiopathology--PP

Record Date Created: 20000106

Record Date Completed: 20000106

44/5/5 (Item 5 from file: 155)

DIALOG(R) File 155: MEDLINE(R)

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12189177 PMID: 9494194

[Doxazosin treatment of disorders of the voiding phase in benign prostatic hyperplasia]

Tratamiento con Doxazosina de las alteraciones de la fase miccional en la hiperplasia prostática benigna.

Esteban Fuertes M; Salinas Casado J; Virseda Chamorro M; Ramirez Fernandez J C; Salomon Moh'd S; Luengo Alpuente S; Resel Estevez L

Servicio de Urologia, Hospital Clinico Universitario San Carlos, Universidad Complutense, Madrid, Espana.

Archivos espanoles de urologia (SPAIN) Dec 1997, 50 (10) p1057-66, ISSN 0004-0614 Journal Code: 0064757

Publishing Model Print

Document type: Journal Article ; English Abstract

Languages: SPANISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: INDEX MEDICUS

OBJECTIVE: To analyze the clinical and urodynamic efficacy of treatment with doxazosin during 6 months for voiding phase disorders in patients with BPH. **METHODS:** A prospective clinical and urodynamic study (before and after treatment) was performed in 65 consecutive male patients with BPH, aged 54-79 years (mean 66.7), to evaluate the results of treatment with doxazosin 4 mg/day during 6 months. Clinical evaluation included patient history and the International Prostatic Symptom Score (IPSS) and urodynamic evaluation included uroflowmetry with post-void residual data and **pressure-flow** test. A static urethral **pressure profile** was associated with the urodynamic voiding study. **RESULTS:** The IPSS score improved significantly from 19.8 +/- 4.8 before treatment to 11.9 +/- 4.6 after treatment ($p < 0.001$). Urinary symptoms improved significantly more markedly after treatment (coeff. -0.45939) in patients with a lower IPSS score. The symptomatic improvement demonstrated by the IPSS did not correlate with the DRE or the transabdominal US prostatic volume. Mean maximum flow rate before treatment was 9.13 ml/sec and increased to 16.23 ml/sec after treatment ($p < 0.01$). Postvoid residual dropped from 21.7% to 12.5% ($p < 0.01$). In the pressure-flow test, foot-point PURR dropped significantly from 69 cms H₂O to 45.9 cms H₂O ($p < 0.001$). The PURR curvature diminished from 0.27416 to 0.15964 cms H₂O (ml/sec²) ($p < 0.01$). A statistically significant improvement of the compressive ($p < 0.001$) and **constrictive** ($p < 0.05$) elements of **lower urinary tract obstruction** was observed. The **urethral** functional length of the urethral profile showed a significant reduction (pre-treatment: 5.56 cms; post-treatment 4.31 cms) ($p < 0.05$). A statistical correlation was found between the urethral functional length and the foot-point PURR post-treatment. **CONCLUSIONS:** Adrenergic blockade with doxazosin reduces both the **compressive** and **constrictive** elements of **lower urinary tract obstruction** in the **voiding** phase in patients with **BPH**, although no statistical correlation with the IPSS could be demonstrated.

Tags: Male

Descriptors: *Adrenergic alpha-Antagonists--therapeutic use--TU;
*Doxazosin--therapeutic use--TU; *Prostatic Hyperplasia--complications--CO;
*Urethral Obstruction--drug therapy--DT; Aged; Humans; Middle Aged; Muscle Contraction; Prospective Studies; Prostatic Hyperplasia--physiopathology--PP; Urethral Obstruction--physiopathology--PP

CAS Registry No.: 0 (Adrenergic alpha-Antagonists); 74191-85-8 (Doxazosin)

Record Date Created: 19980409

Record Date Completed: 19980409

44/5/6 (Item 6 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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11033795 PMID: 7541866

Correlation between micturitional urethral pressure profile and pressure-flow criteria in bladder outlet obstruction.

DuBeau C E; Sullivan M P; Cravalho E; Resnick N M; Yalla S V

Urology Division, Brockton/West Roxbury Veterans Administration Medical Center, Boston, Massachusetts, USA.

Journal of urology (UNITED STATES) Aug 1995, 154 (2 Pt 1) p498-503, ISSN 0022-5347 Journal Code: 0376374

Contract/Grant No.: AG-04390; AG; NIA; AG-08812; AG; NIA; K08 AG-00540; AG; NIA

Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: AIM; INDEX MEDICUS

PURPOSE: We correlate micturitional urethral pressure profilometry with pressure-flow diagnoses of outlet obstruction. MATERIALS AND METHODS: Urodynamic evaluation was done of 86 consecutive men with voiding symptoms. Obstruction criteria were a micturitional urethral pressure profile (MUPP) gradient greater than 5 cm. water, Schafer's linear passive urethral resistance relation (PURR) greater than grade 1 and Abrams-Griffiths nomogram. RESULTS: Interpretable results were completed in 99% of the patients undergoing MUPP and 60% undergoing pressure-flow studies ($p < 0.00001$). MUPP diagnosis agreed with PURR ($p = 0.0015$) and Abrams-Griffiths nomogram results ($p = 0.00004$). MUPP gradients correlated well with PURR ($r = 0.70$, $p < 0.00001$). Using optimum cutoff values (11 cm. water), the sensitivity of MUPP was 83%, specificity 82% and positive predictive value 94%. CONCLUSIONS: MUPP correlates well with and yields interpretable results more often than pressure-flow studies.

Tags: Comparative Study; Male; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, Non-P.H.S.; Research Support, U.S. Gov't, P.H.S.

Descriptors: *Bladder Neck Obstruction--physiopathology--PP; *Prostatic Hyperplasia--physiopathology--PP; *Urodynamics--physiology--PH; Aged; Aged, 80 and over; Bladder Neck Obstruction--etiology--ET; Humans; Middle Aged; Pressure; Prostatic Hyperplasia--complications--CO; ROC Curve; Urination--physiology--PH

Record Date Created: 19950814
Record Date Completed: 19950814

44/5/7 (Item 7 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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10995946 PMID: 7539860

Urodynamic results of laser treatment in patients with benign prostatic hyperplasia. Can outlet obstruction be relieved?

de Wildt M J; Te Slaa E; Rosier P F; Wijkstra H; Debruyne F M; de la Rosette J J

Department of Urology, University Hospital Nijmegen, The Netherlands.

Journal of urology (UNITED STATES) Jul 1995, 154 (1) p174-80, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print; Comment in J Urol. 1995 Jul;154(1) 184-5; Comment in PMID 7776418

Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Subfile: AIM; INDEX MEDICUS

PURPOSE: A urodynamic study was done to judge the capability of laser treatment to relieve bladder outlet obstruction. MATERIALS AND METHODS: Advanced urodynamic studies with pressure-flow analysis were performed before and 6 months after laser treatment using 3 different laser devices. RESULTS: Forty patients showed significant improvement in all obstruction parameters (detrusor pressure at maximum flow rate, urethral resistance relation, theoretical cross-sectional urethral area, minimal detrusor pressure and linear passive urethral resistance relation) together with significant subjective improvement in international prostate symptom score. After treatment 82 to 92% of the patients could no longer be considered to have obstruction. No difference in outcome among the devices used was

found. CONCLUSIONS: Laser prostatectomy is indeed capable of relieving bladder outlet obstruction.

Tags: Male

Descriptors: *Bladder Neck Obstruction--surgery--SU; *Laser Surgery; *Prostatic Hyperplasia--surgery--SU; Aged; Bladder--physiopathology--PP; Bladder Neck Obstruction--pathology--PA; Bladder Neck Obstruction--physiopathology--PP; Equipment Design; Follow-Up Studies; Humans; Middle Aged; Pressure; Prostatic Hyperplasia--pathology--PA; Prostatic Hyperplasia--physiopathology--PP; Treatment Outcome; Urethra--pathology--PA; Urethra--physiopathology--PP; Urination; Urine; Urodynamics

Record Date Created: 19950707

Record Date Completed: 19950707

44/5/8 (Item 8 from file: 155)

DIALOG(R)File 155:MEDLINE(R)

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10868983 PMID: 7532231

Correlation of American Urological Association symptom index with obstructive and nonobstructive prostatism.

Yalla S V; Sullivan M P; Lecamwasam H S; DuBeau C E; Vickers M A; Cravalho E G

Division of Urology, Brockton/West Roxbury Department of Veterans Affairs Medical Center, Boston, Massachusetts.

Journal of urology (UNITED STATES) Mar 1995, 153 (3 Pt 1) p674-9; discussion 679-80, ISSN 0022-5347 Journal Code: 0376374

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

The precise role of the American Urological Association (AUA) symptom index in the management of benign prostatic hyperplasia (BPH) is not well established. The AUA symptom index has been recommended only for quantifying the symptoms of BPH but not for its diagnosis. However, to our knowledge the ability to discriminate obstructive from nonobstructive BPH using the AUA symptom index has never been investigated. To establish the relationship between the AUA symptom index and prostatic obstruction 125 men (mean age 67.7 +/- 8.4 years) with voiding dysfunction presumably related to BPH were analyzed. Patients were given the AUA symptom questionnaire, following which video urodynamic studies were done, including micturitional urethral pressure profilometry for specifically diagnosing outlet obstruction. The patients were divided into 2 groups: group 1-78 with primary BPH dysfunction and group 2-47 with prostatism of ambiguous etiology. The mean AUA symptom index in group 1 (15.5 +/- 7.1) was not statistically different from that in group 2 (14.8 +/- 7.9). In both groups the mean AUA symptom index in the patients with obstruction (15.3 +/- 7.2 for group 1 and 13.9 +/- 7.9 for group 2) was not statistically different from that in the nonobstructed group (17.0 +/- 5.4 and 16.1 +/- 7.9, respectively). Of the severely symptomatic patients 22% did not have obstruction whereas all mildly symptomatic patients did. No significant correlations were found between the severity of obstruction and the AUA symptom index in either group. These observations indicate that the AUA symptom index cannot discriminate obstructed from nonobstructed BPH cases, not all severely symptomatic BPH patients will have outlet obstruction, a significant proportion of mildly symptomatic BPH patients can have outlet obstruction and voiding dysfunctions in elderly men, regardless of the etiology, produce similar symptoms.

Tags: Comparative Study; Male; Research Support, U.S. Gov't, Non-P.H.S.

Descriptors: *Bladder Neck Obstruction--etiology--ET; *Prostatic Hyperplasia--complications--CO; Aged; Bladder Neck Obstruction--diagnosis--DI; Bladder Neck Obstruction--physiopathology--PP; Diagnosis, Differential; Humans; Middle Aged; Prostatic Hyperplasia--diagnosis--DI; Prostatic Hyperplasia--physiopathology--PP; Severity of Illness Index; Societies, Medical; Urodynamics; Urology
Record Date Created: 19950320
Record Date Completed: 19950320

44/5/9 (Item 9 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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09989739 PMID: 1445143

Urethral instability.

Clarke B

Sunnybank Private Hospital, Urodynamic Centre, Queensland.

Australian & New Zealand journal of obstetrics & gynaecology (AUSTRALIA)

Aug 1992, 32 (3) p270-5, ISSN 0004-8666 Journal Code: 0001027

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Urethral instability is still evolving as a clinical entity. Using pressure variation of 15 cm water or more at the point of maximum urethral pressure (MUP), urethral pressure profilometry on patients referred for urodynamic assessment for lower urinary tract symptoms revealed urethral instability in 6.4% of 608 patients. The close association between urethral and detrusor instability was noted. Urethral instability appears to be a cause of frequency and urgency of micturition, and its presence increase the risk of urinary incontinence.

Tags: Female

Descriptors: *Urethra--physiopathology--PP; *Urethral Diseases--physiopathology--PP; *Urination Disorders--physiopathology--PP; Adult; Age Factors; Aged; Humans; Pressure; Urodynamics

Record Date Created: 19921218

Record Date Completed: 19921218

44/5/10 (Item 10 from file: 155)
DIALOG(R)File 155:MEDLINE(R)
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09364393 PMID: 2009999

The absence and effect of induced menopause by gonadotropin-releasing hormone analogs on lower urinary tract symptoms and urodynamic parameters.

Langer R; Golan A; Neuman M; Pansky M; Bukovsky I; Caspi E

Department of Obstetrics and Gynecology, Assaf Harofeh Medical Center, Zerifin, Israel.

Fertility and sterility (UNITED STATES) Apr 1991, 55 (4) p751-3, ISSN 0015-0282 Journal Code: 0372772

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

The clinical and urodynamic relationship between the onset of menopause

and the appearance of lower urinary tract symptoms has been studied in 12 premenopausal urinary symptom-free patients in whom hypoestrogenism was induced by treatment with gonadotropin-releasing hormone analogs. No urodynamic changes in the cystometric, uroflowmetry, and **urethral pressure profile** measurements were found after 6 months of treatment. Clinically, only one patient had diurnal frequency after treatment. We conclude that estrogen deficiency in the absence of aging and other factors leading to urinary symptoms is probably of minimal significance as a cause of lower urinary tract disability in the immediate menopausal period.

Tags: Female

Descriptors: *Gonadorelin--analogs and derivatives--AA; *Menopause; *Urination Disorders--physiopathology--PP; Adult; Estradiol--blood--BL; Humans; Prospective Studies; Urination Disorders--blood--BL; Urination Disorders--urine--UR; Urodynamics; Uterus--pathology--PA

CAS Registry No.: 33515-09-2 (Gonadorelin); 50-28-2 (Estradiol)

Record Date Created: 19910503

Record Date Completed: 19910503

44/5/11 (Item 11 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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09358182 PMID: 2005719

Creation of a feline model of obstructive uropathy.

Radzinski C; McGuire E J; Smith D; Wein A J; Levin R M; Miller L F; Elbadawi A

George M. O'Brien Research Center in Obstructive Uropathy, University of Michigan, Ann Arbor.

Journal of urology (UNITED STATES) Apr 1991, 145 (4) p859-63, ISSN 0022-5347 Journal Code: 0376374

Contract/Grant No.: P50 DK 936-5775; DK; NIDDK

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: AIM; INDEX MEDICUS

The aim of this project was to create a reproducible, quantifiable feline model of obstructive uropathy. Seventy-three adult female cats of comparable age were evaluated to obtain the normal control urodynamic data base. Twenty-four cats had a silastic cuff installed around the urethra to induce bladder outlet obstruction, and eight underwent a sham operation. Repeated urodynamic evaluations were performed at predetermined postoperative intervals. The obstructed and normal cats inhibited detrusor contractility by reflex striated urethral sphincter activity. Measurements of voiding pressure to verify the presence, and to assess the degree of induced outlet obstruction, required paralysis of the sphincter by curare. Following cuff implantation, voiding pressure increased from a mean normal of 17.2 cm./H2O to 31.6 to 42.5 cm./H2O in animals designated as moderately obstructed, and to 101.7-125.0 cm./H2O in animals designated as severely obstructed. 84.6% of the high pressure bladders developed vesicoureteral reflux. Analysis of resting, low bladder volume, **urethral pressure profile (UPP)** data and voiding pressures indicate a compensatory sphincteric response to filling in non-curarized animals, and a lack of that response in curarized animals. It appears that implantation of a silastic cuff to prevent full opening of the **urethra** during voiding, without actually **compressing** it, is a reasonable model of obstructive uropathy. The observation that the relationship between striated urethral sphincter activity and inhibition of detrusor contractility is influenced by administration of curare was unexpected, and may have clinical

implications.

Tags: Female; Research Support, U.S. Gov't, P.H.S.

Descriptors: *Bladder Neck Obstruction; *Disease Models, Animal; Animals;
Bladder--drug effects--DE; Bladder--physiopathology--PP; Bladder
--radiography--RA; Bladder Neck Obstruction--etiology--ET; Bladder Neck
Obstruction--physiopathology--PP; Bladder Neck Obstruction--radiography
--RA; Cats; Curare--pharmacology--PD; Electromyography; Muscle Contraction
--drug effects--DE; Pressure; Urethra--physiopathology--PP; Urodynamics

CAS Registry No.: 8063-06-7 (Curare)

Record Date Created: 19910425

Record Date Completed: 19910425

44/5/12 (Item 12 from file: 155)

DIALOG(R) File 155:MEDLINE(R)

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08238418 PMID: 3359127

Comparison of pressure/flow studies with micturitional urethral pressure profiles in the diagnosis of urinary outflow obstruction.

Desmond A D; Ramayya G R

Department of Urology, Broadgreen Hospital, Liverpool.

British journal of urology (ENGLAND) Mar 1988, 61 (3) p224-9, ISSN
0007-1331 Journal Code: 15740090R

Publishing Model Print

Document type: Journal Article

Languages: ENGLISH

Main Citation Owner: NLM

Record type: MEDLINE; Completed

Subfile: INDEX MEDICUS

Computer technology has made it possible significantly to improve the technique and interpretation of the **micturitional urethral pressure profile (MUPP)**. Thirty-nine patients with **lower urinary tract symptoms** have been investigated by this technique and the results compared with those of standard pressure/flow studies. A good correlation was found between the two methods of diagnosing outflow **obstruction**, but micturitional urethral **pressure profiles** offered practical advantages in patients who were elderly, immobile or who had severe involuntary voiding, and diagnostic advantages in patients with absent or poor detrusor contractility and those with equivocal pressure/flow studies.

Tags: Male

Descriptors: *Urethra--physiopathology--PP; *Urination Disorders
--physiopathology--PP; Bladder--physiopathology--PP; Bladder Neck
Obstruction--diagnosis--DI; Bladder Neck Obstruction--physiopathology--PP;
Computers; Humans; Pressure; Urination; Urination Disorders--diagnosis--DI;
Urodynamics

Record Date Created: 19880527

Record Date Completed: 19880527

44/5/13 (Item 1 from file: 73)

DIALOG(R) File 73:EMBASE

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12094205 EMBASE No: 2003205076

Relationship between urinary endogenous steroid metabolites and lower urinary tract function in postmenopausal women

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Yonsei Medical Journal (YONSEI MED. J.) (South Korea) 30 APR 2003,
44/2 (279-287)

CODEN: YOMJA ISSN: 0513-5796

DOCUMENT TYPE: Journal ; Review

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 45

To investigate the relationship between the endogenous steroid hormones and the lower urinary tract function in postmenopausal women. Thirty postmenopausal volunteer women who did not have lower urinary tract symptoms or hormone replacement therapy were enrolled in this study. Urodynamic studies included uroflowmetry, multi-channel cystometry, and urethral pressure profilometry were conducted. Gas Chromatography-Mass Spectroscopy (GC-MS) was used to measure the urinary endogenous steroid hormone metabolites. The relationship between the urinary profile of the endogenous steroids and the urodynamic parameters of these patients were investigated. The mean ages of the patients were 60.6 +/- 5.5 years, and the Body Mass Index (BMI) averaged 24.56 +/- 2.23 (kg/m²). Of the progesterone metabolites, pregnandiol was significantly related to the residual volume in the uroflowmetry and the functional urethral length parameters ($R=0.98$, $p=0.000$; $R=-0.65$, $p=0.04$). Pregnantriol was significantly related to the maximum flow rate, the residual volume in uroflowmetry, the maximum urethral closure pressure and the functional urethral length ($R=-0.64$, $p=0.04$; $R=0.82$, $p=0.01$; $R=0.04$, $p=0.04$; $R=-0.79$, $p=0.01$). In the androgen metabolites, androstenedione, 5-AT, 11-keto Et, 11-beta hydroxy Et, THS, and THE were significantly related to the residual volume in uroflowmetry ($R=0.92$, $p=0.001$; $R=0.84$, $p=0.008$; $R=0.99$, $p=0.000$; $R=0.72$, $p=0.03$; $R=0.97$, $p=0.000$; $R=0.85$, $p=0.00$). beta-THF/alpha-THF was significantly related to the maximum flow rate, the residual volume in uroflowmetry, the maximum urethral closure pressure and the functional urethral length ($R=-0.76$, $p=0.02$; $R=0.67$, $p=0.04$; $R=0.74$, $p=0.02$; $R=-0.92$, $p=0.000$). alpha-cortol was significantly related to the residual volume in uroflowmetry, the maximum urethral closure pressure and the functional urethral length ($R=0.81$, $p=0.01$; $R=0.71$, $p=0.03$; $R=-0.87$, $p=0.000$). Of the estrogen metabolites, estrone (ESUB1) was significantly related to the normal desire to void ($R=0.68$, $p=0.04$) and 17 beta-estradiol/estrone was also significantly related to the normal and strong desire to void ($R=-0.70$, $p=0.03$ and $R=-0.74$, $p=0.02$, respectively). The urinary progesterone and androgen metabolite concentrations were positively related to the residual volume in uroflowmetry and positively or negatively related to MUCP and FUL. However, the urinary estrone concentration was positively related to the normal desire to void and 17 beta-estradiol/estrone was significantly related to the normal and strong desire to void.

DRUG DESCRIPTORS:

*steroid--endogenous compound--ec

pregnanediol--endogenous compound--ec; pregnanetriol--endogenous compound--ec; androstenedione--endogenous compound--ec; estrone--endogenous compound--ec; progesterone--endogenous compound--ec; estradiol--endogenous compound--ec; corticosterone derivative--endogenous compound--ec; tetrahydrodeoxycorticosterone--endogenous compound--ec; tetrahydrocortisone--endogenous compound--ec; etiocholanolone--endogenous compound--ec

MEDICAL DESCRIPTORS:

*steroid metabolism; *urethra function; *postmenopause

steroid urine level; hormone substitution; urodynamics; uroflowmetry; cystometry; urethra pressure; gas chromatography; mass spectrometry; body mass; progesterone metabolism; residual volume; urine flow rate; androgen

metabolism; estrogen metabolism; micturition; progesterone urine level;
human; female; controlled study; aged; adult; review
CAS REGISTRY NO.: 26445-07-8, 80-92-2 (pregnanediol); 27178-64-9 (
pregnanetriol); 26264-53-9, 63-05-8 (androstenedione); 53-16-7 (estrone
); 57-83-0 (progesterone); 50-28-2 (estradiol); 567-03-3 (
tetrahydrodeoxycorticosterone); 53-05-4 (tetrahydrocortisone); 53-42-9
(etiocholanolone)

SECTION HEADINGS:

002 Physiology
003 Endocrinology
010 Obstetrics and Gynecology

44/5/14 (Item 2 from file: 73)

DIALOG(R) File 73:EMBASE

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11230661 EMBASE No: 2001245886

**The value of pressure-flow studies in diagnosing bladder outlet
obstruction in females**

Minardi D.; Claudini R.; Marconi A.; Muzzonigro G.

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Urodinamica (URODINAMICA) (Italy) 2001, 11/1 (13-18)

CODEN: UNUCF ISSN: 1120-5989

DOCUMENT TYPE: Journal ; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

NUMBER OF REFERENCES: 12

Bladder outlet obstruction (BOO) in women is a urological condition infrequently diagnosed for several reasons. First, often it is not suspected; moreover, BOO is uncommon and, when present, usually attributed to distal urethral segment. While anatomical causes, such as pelvic prolapse or obstruction after anti-incontinence surgery, are often obvious, functional causes, especially in the non-neurogenic population, require a more precise understanding of voiding dysfunctions. The aim of this study was to evaluate females who came to our observation for symptoms related to lower urinary tract and in whom BOO has been found, and to compare the results obtained with the cut-off values for obstruction proposed by Chassagne, and with the nomograms proposed by Blaivas and Groutz to define BOO in women. We have reviewed the charts of 400 women who presented a variety of symptoms and diagnoses, and who underwent multichannel urodynamics for non-neurogenic voiding dysfunctions at our Institute between 1998 and 2000. Voiding cystourethrography has been performed in all patients as well. Of the 400 considered women, 30 (7.5%) presented BOO; the mean age of these patients was 65 +/- 16.2 years; the control group comprised 20 women with normal urodynamic investigations. The etiologies of BOO are as follow: urogenital prolapse in 15 cases, previous anti-incontinence surgery in 5 cases, learned voiding dysfunction in 4 cases and idiopathic in 6 cases. Comparing our results with the cut-off values proposed, we can observe that all our patients can be classified as obstructed (mild obstruction according to the Blaivas and Groutz nomograms). Unfortunately, the effect of the degree of severity and duration of obstruction on the outcome is unknown; detrusor decompensation can occur as a result of long-standing obstruction; low detrusor pressure, low maximum flow rate and high residual urine could be the results of a long-standing BOO, that could be misdiagnosed by the Blaivas and Groutz nomograms. It has been supposed that voiding urethral pressure profilometry could be a novel diagnostic tool to assess BOO in females and might be useful in doubtful cases. (c) 2001, Editrice Kurtis.

MEDICAL DESCRIPTORS:

*bladder neck stenosis--diagnosis--di; *bladder neck stenosis--etiology--et urethra; nomogram; urodynamics; cystourethrography; disease severity; residual urine; urine flow rate; comparative study; clinical feature; human ; female; clinical article; controlled study; aged; adult; article

SECTION HEADINGS:

028 Urology and Nephrology

44/5/15 (Item 3 from file: 73)

DIALOG(R) File 73:EMBASE

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07158895 EMBASE No: 1998048718

Doxazosin in the treatment of voiding phase disorders due to benign prostatic hyperplasia

TRATAMIENTO CON DOXAZOSINA DE LAS ALTERACIONES DE LA FASE MICCIONAL EN LA HIPERPLASIA PROSTATICA BENIGNA

Fuertes M.E.; Casado J.S.; Chamorro M.V.; Fernandez J.C.R.; Moh'd S.S.; Alpuente S.L.; Estevez L.R.

M.E. Fuertes, Avda. Pablo VI, 28224 Pozuelo de Alarcon, Madrid Spain
Archivos Espanoles de Urologia (ARCH. ESP. UROL.) (Spain) 1997, 50/10
(1.057-1.066)

CODEN: AEURA ISSN: 0004-0614

DOCUMENT TYPE: Journal; Article

LANGUAGE: SPANISH SUMMARY LANGUAGE: SPANISH; ENGLISH

NUMBER OF REFERENCES: 36

OBJECTIVE: To analyze the clinical and urodynamic efficacy of treatment with doxazosin during 6 months for **voiding** phase disorders in patients with **BPH**. **METHODS:** A prospective clinical and **urodynamic** study (before and after treatment) was performed in 65 consecutive male patients with BPH, aged 54- 79 years (mean 66.7), to evaluate the results of treatment with doxazosin 4 mg/day during 6 months. Clinical evaluation included patient history and the International Prostatic Symptom Score (IPSS) and urodynamic evaluation included uroflowmetry with post-void residual data and **pressure** -flow test. A static urethral **pressure profile** was associated with the urodynamic voiding study. **RESULTS.** The IPSS score improved significantly from 19.8 +/- 4.8 before treatment to 11.9 +/- 4.6 after treatment ($p<0.001$). Urinary symptoms improved significantly more markedly after treatment (coeff. -0.45939) in patients with a lower IPSS score. The symptomatic improvement demonstrated by the IPSS did not correlate with the DRE or the transabdominal US prostatic volume. Mean maximum flow rate before treatment was 9.13 +/- ml/sec and increased to 16.23 ml/sec after treatment ($p<0.01$). Postvoid residual dropped from 21.7% to 12.5% ($p<0.01$). In the pressure-flow test, foot-point PURR dropped significantly from 69 cms Hinf 20 to 45.9 cms Hinf 20 ($p<0.001$). The PURR curvature diminished from 0.27416 to 0.15964 cms Hinf 20 (ml/secsup 2) ($p<0.01$). A statistically significant improvement of the compressive ($p<0.001$) and **constrictive** ($p<0.05$) elements of **lower urinary tract obstruction** was observed. The **urethral** functional length of the urethral profile showed a significant reduction (pre-treatment: 5.56 cms; post-treatment 4.31 cms) ($p<0.05$). A statistical correlation was found between the urethral functional length and the foot-point PURR post-treatment. **CONCLUSIONS:** Adrenergic blockade with doxazosin reduces both the **compressive** and **constrictive** elements of **lower urinary tract obstruction** in the **voiding** phase in patients with **BPH**, although no statistical correlation with the IPSS could be demonstrated.

DRUG DESCRIPTORS:

*doxazosin--drug dose--do; *doxazosin--drug therapy--dt; *doxazosin
--pharmacology--pd

MEDICAL DESCRIPTORS:

*prostate hypertrophy; *micturition disorder--drug therapy--dt
urodynamics; urethra obstruction; drug effect; drug efficacy; adrenergic
receptor blocking; urinary tract obstruction; uroflowmetry; human; male;
major clinical study; aged; adult; article

CAS REGISTRY NO.: 74191-85-8 (doxazosin)

SECTION HEADINGS:

028 Urology and Nephrology
037 Drug Literature Index

44/5/16 (Item 4 from file: 73)

DIALOG(R) File 73:EMBASE

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05451874 EMBASE No: 1993219973

Predictive factors for successful surgical outcome of benign prostatic hypertrophy

Kuo H.-C.; Chang S.-C.; Hsu T.

Department of Urology, Buddhist Tz'u-Chi General Hospital, 8, Hsin-Sheng
South Road, Hualien Taiwan

European Urology (EUR. UROL.) (Switzerland) 1993, 24/1 (12-19)

CODEN: EUURA ISSN: 0302-2838

DOCUMENT TYPE: Journal; Article

LANGUAGE: ENGLISH SUMMARY LANGUAGE: ENGLISH

Four hundred patients with benign prostatic hypertrophy (BPH) undergoing prostatic surgery were enrolled in this study in order to search for factors predictive of a successful outcome. 139 patients had acute urinary retention and the others had irritative and obstructive voiding symptoms. Preoperative examinations included intravenous urography (IVU), transrectal sonography of the prostate (TRSP), cystometry, uroflowmetry, and **urethral pressure profilometry (UPP)**. Retropubic prostatectomy was undertaken in 16 cases. transurethral resection of the prostate in 335, and transurethral incision of the prostate in 49. In the follow-up period of 3 months to 3 years, a strictly successful result was achieved in 324 patients (81%). 26 patients (6.5%) had a fair result, 30 (7.5%) were stationary, in 18 (4.5%) the symptoms became worse, and 2 (0.5%) died postoperatively. On analysis of the success rate. 9 favorable factors and 9 unfavorable factors were noted. A symptomatic large prostatic adenoma proven by IVU, TRSP, or **UPP** will imply a higher success rate.

Urodynamically obstructive **BPH** proven by a high **voiding** pressure and constrictive flow pattern can also predict a satisfactory outcome. The unfavorable factors always come from a small adenoma, uncertain irritative symptoms and detrusor underactivity. Patients with more than 2 unfavorable factors should be investigated carefully before surgery. The presence of 2 favorable factors without an unfavorable factor will usually predict the best surgical outcome.

MEDICAL DESCRIPTORS:

*prognosis; *prostate hypertrophy--surgery--su; *prostate hypertrophy
--diagnosis--di; *prostate surgery

article; cystometry; echography; follow up; human; intravenous urography;
major clinical study; male; prediction; preoperative evaluation; priority
journal; prostate adenoma--surgery--su; symptomatology; transurethral
resection; urine retention--surgery--su; uroflowmetry

SECTION HEADINGS:

028 Urology and Nephrology

44/5/17 (Item 5 from file: 73)
DIALOG(R)File 73:EMBASE
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02206090 EMBASE No: 1982123251

Clinical studies of the urodynamics. Third report: Urodynamics in benign prostatic hypertrophy

Morita M.; Yoshioka S.; Okamoto M.; et al.

Dep. Urol., Ehime Univ. Sch. Med., Ehime Japan

Nishinihon Journal of Urology (NISHINIHON J. UROL.) (Japan) 1981, 43/1 (47-52)

CODEN: NHJUA

DOCUMENT TYPE: Journal

LANGUAGE: JAPANESE SUMMARY LANGUAGE: ENGLISH

Urodynamic studies were done on 46 patients with benign prostatic hypertrophy (**BPH**). Cystometric study showed detrusor hyperreflexia in 41.3% of the patients. Eight of 11 patients having detrusor hyperreflexia returned to normal cystometrogram after three or four months of operation. Functional profile length (F.P.L.) and prostatic profile length (P.P.L.) of the **urethral pressure profile** were correlated with the weight of the prostatic adenoma removed at operation. The weight versus length ratio in TUR-P was smaller than that in retropubic prostatectomy. F.P.L. and P.P.L. became shorter after operation. Pressure-flow-EMG studies were done on 37 patients with BPH before operation and on 17 patients after operation. Maximum flow rate, average flow rate and maximum detrusor pressure showed outlet obstruction before operation and they returned to normal range after operation. The **voiding** pattern of the patients with **BPH** after operation resembles that of normal males with below the bladder volume of first desire to void.

MEDICAL DESCRIPTORS:

*hyperreflexia; *prostate hypertrophy
micturition; urethra pressure; diagnosis; case report; male genital system; bladder

SECTION HEADINGS:

028 Urology and Nephrology

002 Physiology

44/5/18 (Item 6 from file: 73)
DIALOG(R)File 73:EMBASE
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01467472 EMBASE No: 1979188464

Urodynamic analysis of urinary incontinence symptoms in women

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Gynaecol. Urol. Urodynamic Unit, Mt Sinai Hosp., Toronto, Ontario M5G 1X5 Canada

American Journal of Obstetrics and Gynecology (AM. J. OBSTET. GYNECOL.) (United States) 1979, 134/7 (789-792)

CODEN: AJOGA

DOCUMENT TYPE: Journal

LANGUAGE: ENGLISH

One hundred eighty-eight women who complained of urinary incontinence and/or other **lower urinary tract symptoms** underwent thorough investigation in a special gynecologic urology and **urodynamic** unit. The

evaluation included a detailed history using a computerized data retrieval form, physical examination, endoscopy (cystoscopy and female urethroscopy), and urodynamic evaluation, which included cystometry and simultaneous cystometry and **urethral pressure profilometry**. In 23 women, incontinence was the sole complaint and of this group, 87.0% had urodynamic evidence of true anatomic sphincter weakness. Of the entire group, 64.9% (122/188) complained of incontinence plus combinations of urgency, frequency, and nocturia. Of these 188 patients 85.2% had urodynamic evidence of bladder instability while only 71.3% had any evidence of sphincter weakness incontinence. Forty-three patients had additional complaints of dysuria and suprapubic pressure, and in this group 97.7% had evidence of sensory urgency and 51.2% demonstrated bladder instability. The authors found that questions classically considered to be pathognomonic of either true stress urinary incontinence or detrusor hyperreflexia had minimal predictive value. Among the study group 20.4% had previously undergone surgery for incontinence. A complaint of urinary incontinence is a symptom and not a diagnosis, and, although history is suggestive, it may be equally misleading. Adequate urodynamic assessment is essential in determining the underlying etiology and is mandatory before any form of surgical intervention is considered based only on history.

MEDICAL DESCRIPTORS:

*micturition; *urine incontinence
urethra; urethrocystometry; sex difference; diagnosis; major clinical study
; bladder; female genital system; urinary tract

SECTION HEADINGS:

010 Obstetrics and Gynecology
028 Urology and Nephrology

44/5/19 (Item 1 from file: 144)

DIALOG(R) File 144:Pascal

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14347367 PASCAL No.: 99-0556618

Urodynamic analysis of the bulbourethral sling procedure. Commentaries

CLEMENS J Q; BUSHMAN W; SCHAEFFER A J; GOLOMB J comment; MADERSBACHER S
comment

Department of Urology, Northwestern University Medical School, Chicago, Illinois, United States; Department of Urology, The Chaim Sheba Medical Center, Tel-Hashomer, Israel; Department of Urology, University of Vienna, Vienna, Austria

Journal: The Journal of urology, 1999, 162 (6) 1977-1982

ISSN: 0022-5347 CODEN: JOURAA Availability: INIST-2081;
354000080364030210

No. of Refs.: 8 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: United States

Language: English

Purpose: The bulbourethral sling procedure is successful in correcting incontinence following radical prostatectomy. However, the mechanism of action of the sling is not intuitively clear. We analyze the results of urodynamic testing on a cohort of men who underwent the bulbourethral sling procedure. Materials and Methods: Between October 1994 and October 1997, 66 men underwent the bulbourethral sling procedure at our hospital. All but 1 patient underwent preoperative video urodynamic testing. Intraoperative urethral pressure profilometry and abdominal leak point pressure measurements were performed. Additionally, all patients were invited to undergo followup video urodynamic testing. Results were correlated with current continence status. Results: Preoperatively all patients demonstrated intrinsic sphincter deficiency. Following sling placement

postoperative Valsalva leak point pressure values were significantly increased but maximum resting urethral pressures were unchanged. Preoperative and postoperative Abrams-Griffiths nomograms were not consistent with postoperative **bladder outlet obstruction**. Postoperative voiding pressures were consistently less than corresponding Valsalva leak point pressures. Conclusions: Patients undergoing video urodynamic testing following the bulbourethral sling procedure demonstrated unobstructed voiding patterns, despite significant increases in Valsalva leak point pressures.

English Descriptors: Prostatectomy; Complication; Urinary incontinence; Performance evaluation; Treatment; Surgical suspension; Clamp; Bulb; Male urethra; Dynamics; Vesical emptying; Exploration; Human

Broad Descriptors: Surgery; Digestive diseases; Prostate disease; Male genital diseases; Urinary system disease; Urinary tract disease; Bladder disease; Voiding dysfunction; Chirurgie; Appareil digestif pathologie; Prostate pathologie; Appareil genital male pathologie; Appareil urinaire pathologie; Voie urinaire pathologie; Vessie pathologie; Trouble miction; Cirugia; Aparato digestivo patologia; Prostata patologia; Aparato genital macho patologia; Aparato urinario patologia; Via urinaria patologia; Vejiga patologia; Trastorno miccion

French Descriptors: Prostatectomie; Complication; Incontinence urinaire; Evaluation performance; Traitement; Suspension chirurgicale; Bride; Bulbe ; Uretre masculin; Dynamique; Evacuation vesicale; Exploration; Homme

Classification Codes: 002B24I

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44/5/20 (Item 2 from file: 144)

DIALOG(R) File 144:Pascal

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11969324 PASCAL No.: 95-0150676

Correlation of American urological association symptom index with obstructive and nonobstructive prostatism. Commentaries. Authors' reply
YALLA S V; SULLIVAN M P; LECAMWASAM H S; DUBEAU C E; VICKERS M A; BARRY M J comment; MCCONNELL J D comment; CRAVALHO E G

Brockton/West Roxbury dep. veterans affairs medical cent., div. urology, surgical serv., Boston MA, USA

Journal: The Journal of urology, 1995, 153 (3 p.1) 674-680

ISSN: 0022-5347 CODEN: JOURAA Availability: INIST-2081;
354000059633360260

No. of Refs.: 28 ref.

Document Type: P (Serial) ; A (Analytic)

Country of Publication: USA

Language: English

The precise role of the American Urological Association (AUA) symptom index in the management of benign prostatic hyperplasia (BPH) is not well established. The AUA symptom index has been recommended only for quantifying the symptoms of BPH but not for its diagnosis. However, to our knowledge the ability to discriminate obstructive from nonobstructive BPH using the AUA symptom index has never been investigated. To establish the relationship between the AUA symptom index and prostatic obstruction 125 men (mean age 67.7 +/- 8.4 years) with voiding dysfunction presumably related to BPH were analyzed. Patients were given the AUA symptom questionnaire, following which video urodynamic studies were done, including micturitional **urethral pressure profilometry** for

specifically diagnosing outlet obstruction. The patients were divided into 2 groups: group 1-78 with primary BPH dysfunction and group 2-47 with prostatism of ambiguous etiology. The mean AUA symptom index in group 1 (15.5 +/- 7.1) was not statistically different from that in group 2 (14.8 +/- 7.9). In both groups the mean AUA symptom index in the patients with obstruction (15.3 +/- 7.2 for group 1 and 13.9 +/- 7.9 for group 2) was not statistically different from that in the nonobstructed group (17.0 +/- 5.4 and 16.1 +/- 7.9, respectively). Of the severely symptomatic patients 22% did not have obstruction whereas all mildly symptomatic patients did. No significant correlations were found between the severity of obstruction and the AUA symptom index in either group. These observations indicate that the AUA symptom index cannot discriminate obstructed from nonobstructed BPH cases, not all severely symptomatic BPH patients will have outlet obstruction, a significant proportion of mildly symptomatic BPH patients can have outlet obstruction and voiding dysfunctions in elderly men, regardless of the etiology, produce similar symptoms

English Descriptors: Adenoma; Prostate; Obstruction; Index (documentation); Symptomatology; Etiology; Correlation; Human

Broad Descriptors: Benign neoplasm; Urinary system disease; Prostate disease; Tumeur benigne; Appareil urinaire pathologie; Prostate pathologie; Tumor benigno; Aparato urinario patologia; Prostata patologia

French Descriptors: Adenome; Prostate; Obstruction; Index; Symptomatologie; Etiologie; Correlation; Homme

Classification Codes: 002B14D01

44/5/21 (Item 1 from file: 34)

DIALOG(R) File 34:SciSearch(R) Cited Ref Sci
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03099456 Genuine Article#: NC148 Number of References: 7

Title: SIMULTANEOUS MEASUREMENT OF URETHRAL OPENING PRESSURE AND URETHRAL CROSS-SECTIONAL AREA DURING VOIDING CYSTOMETRY

Author(s): PALMER MA; DESMOND AD

Corporate Source: BROADGREEN HOSP,NHS TRUST,DEPT UROL,THOMAS DR/LIVERPOOL L14 3LB//ENGLAND/

Journal: BRITISH JOURNAL OF UROLOGY, 1994, V73, N3 (MAR), P275-278

ISSN: 0007-1331

Language: ENGLISH Document Type: ARTICLE

Geographic Location: ENGLAND

Subfile: SciSearch; CC CLIN--Current Contents, Clinical Medicine

Journal Subject Category: UROLOGY & NEPHROLOGY

Abstract: Objective To assess a new technique for measuring urethral opening pressure and urethral cross-sectional area during the course of routine voiding cystometry.

Patients and methods Twenty-eight male patients were studied, 24 of whom had cystometric evidence of bladder outlet obstruction, the other four being unobstructed. Urethral opening pressure was measured using an adapted fluid bridge test and urethral cross-sectional area was measured using the method described in the preceding paper.

Descriptors--Author Keywords: URODYNAMICS ; URETHRAL PRESSURE PROFILE ; BLADDER OUTLET OBSTRUC TION92 -0119 001

Research Fronts: 92-0119 001 (BENIGN PROSTATIC HYPERTROPHY; URETHRAL PRESSURE; FEMALE STRESS URINARY-INCONTINENCE)

Cited References:

ABRAMS P, 1988, V114, P5, SCAND J UROL NEPHR S

DESMOND AD, 1985, V57, P737, BR J UROL
GRIFFITHS DJ, 1980, P25, URODYNAMICS MECHANIC
PALMER MA, 1993, V72, P711, BR J UROL
SCHAFFER W, 1983, P470, BENIGN PROSTATIC HYP
SCHAFFER W, 1985, V4, P161, NEUROUROLOG URODYNAM
YALLA SV, 1980, V124, P649, J UROLOGY

Set	Items	Description
S1	6913	URETHRA? ? OR UROGENITAL? OR URO()GENITAL? OR GENITOURINAR? OR ENDOURETHR? OR INTRAURETHR? OR LUT OR LOWER()URINAR?() (TR- ACT? ? OR TRACK?)
S2	14984	PROSTAT?
S3	1198730	INDWELL??? OR PROTHE? OR CATHETER? OR SHUNT? OR CANNULA? OR CANULA? OR INTUBAT??? OR IMPLANT? OR STENT? ? OR ELONGAT?(3N-) (BODY OR BODIES OR MEMBER?) OR TUBE? ? OR TUBULAR?
S4	55952	URODYNAMIC? OR URO()DYNAMIC? OR (URINE? OR URINAR?) (2N) FLO- W? OR MICTUR? OR URINAT? OR VOID???
S5	5171	PRESSUR?(3N)PROFIL? OR UPP OR MUPP OR FLOW(2N)ANALY? OR PE- RFUS?()URETHRA?()PROFIL?
S6	20771	S1 OR S2
S7	1384	S6 (10N) S3
S8	97	S7 (S) S4:S5
S9	44	S4 AND S5
S10	1	S7 AND S9
S11	1221	S6 (7N) S3
S12	3675378	OBSTRUCT? OR BLOCK??? OR CONSTRICT? OR IMPED? OR COMPRESS? OR INTERFERE? OR RESTRICT? OR UNSUPPORT? OR PRESSUR?
S13	1090	LOWER()URINA?() (TRACT? OR TRACK?)()SYMPTOM? OR LUTS OR BLA- DDER()OUTLET()OBSTRUCT? OR BOO OR (BENIGN() PROSTATE?() (HYPER- TROPHY? OR HYPERPLASIA? OR HYPER() (TROPH??? OR PLASIA???))) OR BPH
S14	39	S8 (S) S12:S13
S15	39	IDPAT (sorted in duplicate/non-duplicate order)
S16	2	S7 (S) S5
S17	0	S16 NOT S14

? show files

File 347:JAPIO Nov 1976-2005/Feb(Updated 050606)

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File 350:Derwent WPIX 1963-2005/UD,UM &UP=200535

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15/5/3 (Item 3 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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016599059 **Image available**

WPI Acc No: 2004-757795/200474

XRPX Acc No: N04-598523

Urodynamics system for diagnosis of urination disorder, has catheter with liquid injecting and ejecting lumens, and urethra pressure measuring lumen, inserted into bladder

Patent Assignee: HMT CO LTD (HMTH-N)

Inventor: MO S; MO S G

Number of Countries: 102 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200489216	A1	20041021	WO 2003KR705	A	20030409	200474 B
AU 2003221104	A1	20041101	AU 2003221104	A	20030409	200506
KR 2004087421	A	20041014	KR 200321632	A	20030407	200513

Priority Applications (No Type Date): KR 200321632 A 20030407

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
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WO 200489216	A1	E	65 A61B-005/20	
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Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SC SD SE SG SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

Designated States (Regional): AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW

AU 2003221104	A1	A61B-005/20	Based on patent WO 200489216
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KR 2004087421	A	A61B-005/20	
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Abstract (Basic): WO 200489216 A1

NOVELTY - A catheter with liquid injecting and ejecting lumens and urethra pressure measuring lumen, inserted into bladder, fills liquid into or ejects liquid from bladder. A pumping unit supplies liquid for distribution to injecting lumen and/or measuring lumen. The pumping unit and data detector detecting measured pressure data, are controlled based on validity verification of detected data or instruction input by user.

DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

(1) method of verifying real-time bi-directional data; and

(2) defecation disorder diagnosing apparatus.

USE - Urodynamics system (UDS) for diagnosis of urination disorder e.g. elimination and storage disorders corresponding to urinary incontinence or urinary frequency, defecation disorder e.g. constipation and feces incontinence, and obstruction disorder of rectum/anus.

ADVANTAGE - The pain felt by patient and inspection time, are reduced, since all required data is detected with one insertion of catheter. The measured data is verified in real-time and reliable diagnosis is obtained.

DESCRIPTION OF DRAWING(S) - The figure shows a block diagram of the urodynamics system.

pp; 65 DwgNo 1A/5

Title Terms: SYSTEM; DIAGNOSE; URINE; DISORDER; CATHETER; LIQUID; INJECTION ; EJECT; LUMEN; URETHRA; PRESSURE; MEASURE; LUMEN; INSERT; BLADDER

Derwent Class: P31; S02; S05

International Patent Class (Main): A61B-005/20
File Segment: EPI; EngPI

15/5/9 (Item 9 from file: 350)
DIALOG(R) File 350: Derwent WPIX
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015750158 **Image available**
WPI Acc No: 2003-812360/200376
XRAM Acc No: C03-225782
XRPX Acc No: N03-650529

Portable urodynamic measurement system has pressure transducer capsule comprising capsule housing, pressure transducer, and retrieval and communication lead extending from the housing for passage through human urethra

Patent Assignee: MEDIPLUS LTD (MEDI-N)
Inventor: URIE R G
Number of Countries: 102 Number of Patents: 002
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200371944	A1	20030904	WO 2003GB586	A	20030210	200376 B
AU 2003207306	A1	20030909	AU 2003207306	A	20030210	200428

Priority Applications (No Type Date): GB 20024584 A 20020227

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

WO 200371944 A1 E 20 A61B-005/03

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SC SD SE SG SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

Designated States (Regional): AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT SD SE SI SK SL SZ TR TZ UG ZM ZW

AU 2003207306 A1 A61B-005/03 Based on patent WO 200371944

Abstract (Basic): WO 200371944 A1

NOVELTY - A portable urodynamic measurement system comprises a pressure transducer capsule (10) comprising capsule housing, pressure transducer, and retrieval and communication lead (14) extending from the housing for passage through a human urethra; and data recording device coupled to the transducer by the lead for recording measurements from the transducer as a function of time.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for producing the above urodynamic measurements on a patient's body by:

(1) inserting a pressure transducer capsule into a bladder (20) via the urethra leaving the retrieval and communication lead extending from the transducer to a position external of the body;

(2) connecting the lead to a portable data recording device carried by the patient; and

(3) monitoring and recording pressure signal from the pressure transducer.

USE - Used as urodynamic measurement system for urodynamic studies.

ADVANTAGE - The inventive system avoids the use of catheters passing through the urethra for filling the bladder, and enables recording measurements, thus enabling full mobility of the patient. It enables voiding to take place without the **urethral restrictions** resulting from a filling **catheter**. It integrates the **pressure**

sensing data collection and the flow sensing data collection into a single, fully portable unit that be carried or worn by the patient.

DESCRIPTION OF DRAWING(S) - The figure is labeled a schematic diagram of the urodynamic measurement system.

Pressure transducer capsule (10)
Retrieval and communication lead (14)
Bladder (20)
Data recording device (30)
pp; 20 DwgNo 1/2

Title Terms: PORTABLE; MEASURE; SYSTEM; PRESSURE; TRANSDUCER; CAPSULE;
COMPRISE; CAPSULE; HOUSING; PRESSURE; TRANSDUCER; RETRIEVAL; COMMUNICATE;
LEAD; EXTEND; HOUSING; PASSAGE; THROUGH; HUMAN; URETHRA

Derwent Class: A96; P31; S02; S05

International Patent Class (Main): A61B-005/03

International Patent Class (Additional): A61B-005/00

File Segment: CPI; EPI; EngPI

15/5/16 (Item 16 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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014659457 **Image available**

WPI Acc No: 2002-480161/200251

Related WPI Acc No: 2002-383399; 2002-471932

XRPX Acc No: N02-379203

Apparatus and method for measurement and assessment of sling-tension for treatment of female urinary incontinence

Patent Assignee: ETHICON INC (ETHI); MILLER G (MILL-I)

Inventor: MILLER G H; TRACEY M; MILLER G

Number of Countries: 098 Number of Patents: 011

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200245774	A2	20020613	WO 2001US51015	A	20011023	200251 B
US 20020115906	A1	20020822	US 2000242554	P	20001023	200258
			US 200145245	A	20011023	
AU 200241763	A	20020618	AU 200241763	A	20011023	200262
EP 1339350	A2	20030903	EP 2001988459	A	20011023	200365
			WO 2001US51015	A	20011023	
KR 2003081323	A	20031017	KR 2003705617	A	20030423	200413
US 6699175	B2	20040302	US 2000242554	P	20001023	200417
			US 200145245	A	20011023	
JP 2004515277	W	20040527	WO 2001US51015	A	20011023	200435
			JP 2002547555	A	20011023	
EP 1424045	A2	20040602	EP 2001988459	A	20011023	200436
			EP 200475303	A	20011023	
US 20040133068	A1	20040708	US 2000242554	P	20001023	200445
			US 200145245	A	20011023	
			US 2003742288	A	20031219	
CN 1561184	A	20050105	CN 2001821191	A	20011023	200525
IN 200300508	P2	20041218	IN 2003KN508	A	20030423	200533

Priority Applications (No Type Date): US 200145245 A 20011023; US
2000242554 P 20001023; US 2003742288 A 20031219

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes
WO 200245774 A2 E 21 A61M-000/00

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA
CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN
IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ
PH PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG UZ VN YU ZA ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR
 IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW
 US 20020115906 A1 A61F-002/02 Provisional application US 2000242554
 AU 200241763 A A61M-000/00 Based on patent WO 200245774
 EP 1339350 A2 E A61F-002/02 Based on patent WO 200245774
 Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT
 LI LT LU LV MC MK NL PT RO SE SI TR
 KR 2003081323 A A61B-005/20
 US 6699175 B2 A61F-002/02 Provisional application US 2000242554
 JP 2004515277 W 35 A61B-017/00 Based on patent WO 200245774
 EP 1424045 A2 E A61F-002/00 Div ex application EP 2001988459
 Div ex patent EP 1339350
 Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LI
 LU MC NL PT SE TR
 US 20040133068 A1 A61F-002/02 Provisional application US 2000242554

Cont of application US 200145245
 Cont of patent US 6699175

CN 1561184 A A61F-002/02
 IN 200300508 P2 A61F-002/02

Abstract (Basic): WO 200245774 A2

NOVELTY - The slender, flexible catheter (40) has a sliding plug (42) for placing in the urethral canal. An endoscope (60) slides within the catheter. Infill port (44) can receive fluid and can be connected to a **pressure** gauge. The physician is able to perform an in-vivo **urodynamic** analysis for assessment of the positioning of the sling about the urethral sphincter muscle.

USE - For treating female stress urinary incontinence.

ADVANTAGE - Provides the physician with the exact information needed to ensure optimal clinical safety and efficacy of the sling.

DESCRIPTION OF DRAWING(S) - The diagram shows an exploded elevation of a urinary apparatus.

pp; 21 DwgNo 1/11

Title Terms: APPARATUS; METHOD; MEASURE; ASSESS; SLING; TENSION; TREAT; FEMALE; URINE; INCONTINENCE

Derwent Class: P31; P32; P34; S05

International Patent Class (Main): A61B-005/20; A61B-017/00; A61F-002/00; A61F-002/02; A61M-000/00

International Patent Class (Additional): A61B-005/00

File Segment: EPI; EngPI

15/5/26 (Item 26 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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008435801 **Image available**

WPI Acc No: 1990-322801/199043

XRFX Acc No: N90-247266

Thin wall catheter-urinary incontinence control device - has resilient wall which collapses when not contacted by urine

Patent Assignee: CORNWELL G H I (CORN-I)

Inventor: CORNWELL G H I

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
GB 2230450	A	19901024	GB 898763	A	19890418	199043 B

Priority Applications (No Type Date): GB 888310 A 19880413; GB 898763 A 19890418

Abstract (Basic): GB 2230450 A

The catheter has a specially thin-fully compressible resilient wall cross section to be located within the urethra, such that when non voiding urine for 99% of the time will collapse and/or be compressed by the residual normal relaxed urethra applied pressure, to a minimum cross section or equivalent charriere size.

This reduces especially long term catheterisation patient trauma and unnecessary urethra pressure. It is designed such that when voiding urine for less than 1% of the time it will expand to its full urine flow diameter and pressure normally encountered within the urethra when urine voiding. After voiding the catheter will return on each cycle to its at rest minimum cross section area and urethra pressure.

USE - A plastics and/or rubber catheter. (22pp Dwg.No.16/16

Title Terms: THIN; WALL; CATHETER; URINE; INCONTINENCE; CONTROL; DEVICE; RESILIENT; WALL; COLLAPSE; CONTACT; URINE

Derwent Class: P34

International Patent Class (Additional): A61M-025/00

File Segment: EngPI

15/5/29 (Item 29 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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007358266

WPI Acc No: 1987-355272/198750

XRPX Acc No: N87-266192

Urinary catheter with collapsible urethral tube - has semi-rigid tubes to hold bladder inlet and urethral exit open

Patent Assignee: CHRISTOPHER T G (CHRI-I)

Inventor: CHRISTOPHE T G

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4710169	A	19871201	US 85805546	A	19851211	198750 B

Priority Applications (No Type Date): US 85805546 A 19851211; US 83562094 A 19831216

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 4710169	A		12		

Abstract (Basic): US 4710169 A

The dwelling urinary catheter has semi-rigid tubular portions for holding open the entrance of the bladder and the urethral exit and a collapsible tubular portion extending through the urethra.

The collapsible tube is closed by the normal urethral mechanism and opened upon the flow of urine, thus blocking baceterial migration into the body and avoiding abnormal, continuous distention of the urethra and consequent discomfort to the patient.

ADVANTAGE - The transmission of infection occasioned by the sliding motion of rigid-tube catheters within the urethra is avoided.

5/12

Title Terms: URINE; CATHETER; COLLAPSE; URETHRA; TUBE; SEMI; RIGID; TUBE; HOLD; BLADDER; INLET; URETHRA; EXIT; OPEN

Derwent Class: P34

International Patent Class (Additional): A61M-025/00

File Segment: EngPI

15/5/30 (Item 30 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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004763256

WPI Acc No: 1986-266597/198641

XRPX Acc No: N86-199238

Urethral sphincter cuff - has pretensioned diaphragm for occluding inner face of cuff

Patent Assignee: BARD INC C R (BRDC); UNIV JOHNS HOPKINS (UYJO)

Inventor: FISCHHELL R E; TODD D A

Number of Countries: 008 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
EP 196837	A	19861008	EP 86302095	A	19860321	198641 B
US 4632114	A	19861230	US 85715157	A	19850322	198703
CA 1248303	A	19890110				198907

Priority Applications (No Type Date): US 85715157 A 19850322

Cited Patents: A3...8840; No-SR.Pub; US 2455859; US 2756753; US 3628536; US 3756239; US 3831583; US 4019499; WO 8401098

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 196837	A	E	10		

Designated States (Regional): CH DE FR GB IT LI

Abstract (Basic): EP 196837 A

The cuff (10) has a belt with an inner face. An occluding diaphragm (24) is mounted on the inner face and is pre-stretched to be held under torsion when in use so that it is free of wrinkles when inflated and deflated.

It has a coupling cooperating with a pressure source for selectively inflating and deflating the diaphragm. When the diaphragm is inflated, the urethra is squeezed and the patient is continent. When the diaphragm is deflated, the urethra is released and urine can flow through it.

ADVANTAGE - Versatility, with low manufacturing and inventory costs. (10pp Dwg.No 1/6)

Title Terms: URETHRA; SPHINCTER; CUFF; PRETENSIONED; DIAPHRAGM; OCCLUDE; INNER; FACE; CUFF

Derwent Class: P31; P32

International Patent Class (Additional): A61B-017/00; A61F-002/48

File Segment: EngPI

15/5/31 (Item 31 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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003344327

WPI Acc No: 1982-K2346E/198231

Diagnostic catheter for urethral investigation - has disc membrane located over opening in shaft for expansion under pressure

Patent Assignee: BARD INC C R (BRDC)

Inventor: STREISINGE E

Number of Countries: 008 Number of Patents: 009

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
GB 2091559	A	19820804	GB 82705	A	19820111	198231 B

DE 3201982	A	19820826	198235
SE 8200060	A	19820830	198237
FR 2498454	A	19820730	198238
BR 8200424	A	19821130	198303
US 4407301	A	19831004	198342
ES 8306597	A	19830916	198343
GB 2091559	B	19840830	198435
CA 1174925	A	19840925	198443

Priority Applications (No Type Date): US 81228984 A 19810127

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
GB 2091559	A		7		

Abstract (Basic): GB 2091559 A

The diagnostic catheter for use in performing cystometrograms and urethral **pressure profile** tests has a shaft of conventional elastomeric construction closed at the distal end and has a CMG port adjacent to this end.

An inflation lumen extends to a second port which underlies a thin inflatable member secured to the shaft up to the edges of the second port so that when inflated, the member only expands outwardly over the area of the port. Back pressure readings may be taken during catheter removal for precise location of urethral obstructions.

1/8

Title Terms: DIAGNOSE; CATHETER; URETHRA; INVESTIGATE; DISC; MEMBRANE; LOCATE; OPEN; SHAFT; EXPAND; PRESSURE

Derwent Class: P31; P34

International Patent Class (Additional): A61B-001/30; A61B-005/00; A61M-001/00; A61M-025/00

File Segment: EngPI

15/5/32 (Item 32 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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002401525

WPI Acc No: 1980-L7998C/198049

Urethral catheter puller for e.g. profilometry - has rearward catheter support slidably mounted on body and motor driven for catheter withdrawal

Patent Assignee: AMER MEDICAL SYST (AMME-N)

Inventor: BRADLEY W E; DREHER R D; KLATT W M; KUYAYA C C

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 4233991	A	19801118				198049 B

Priority Applications (No Type Date): US 78970465 A 19781218; US 76696318 A 19760615

Abstract (Basic): US 4233991 A

The **urethral catheter** puller is for performing urological diagnostic procedures such as **urethral pressure profilometry** and **urethral** electro-myographic profilometry. A **urethral catheter** is mounted on **catheter** supports attached to the boom of the puller. The boom is equipped with positioning appts. so that the catheter supports may be positioned in close proximity to the patient.

The puller allows the catheter to be pulled in a horizontal or vertical direction, thus allowing the patient to stand or lie in a bed during the diagnostic procedure. The catheter supports are equipped

with suitable structures to control the motion of the catheter as it is withdrawn from the urethra of the patient. A variable speed drive is provided to control the rate at which the catheter is withdrawn

Title Terms: URETHRA; CATHETER; PULL; REAR; CATHETER; SUPPORT; SLIDE; MOUNT ; BODY; MOTOR; DRIVE; CATHETER; WITHDRAW

Derwent Class: P31; S05

International Patent Class (Additional): A61B-005/10

File Segment: EPI; EngPI

Set	Items	Description
S1	59844	URETHRA? ? OR UROGENITAL? OR URO()GENITAL? OR GENITOURINAR? OR ENDOURETHR? OR INTRAURETHR? OR URINA? OR PROSTAT? OR BLAD- DER? OR VERUMONTANUM? OR URINE OR URODYNAMIC? OR URO()DYNAMIC? OR DETRUSOR?
S2	1198094	INDWELL??? OR PROTHE? OR CATHETER? OR SHUNT? OR CANNULA? OR CANULA? OR INTUBAT??? OR IMPLANT? OR STENT? ? OR ELONGAT?(3N-) (BODY OR BODIES OR MEMBER?) OR TUBE? ? OR TUBULAR?
S3	4062018	OBSTRUCT? OR BLOCK??? OR CONSTRICT? OR IMPED? OR COMPRESS? OR OBSTACLE? OR HINDRANCE? OR HINDER? OR INTERFERE? OR CLOSUR- E? OR CLOSE? ? OR STOP???? OR OCCLUS? OR BARRIER? OR PLUG???? OR RESTRICT?
S4	134431	LOWER()URINA?() (TRACT? OR TRACK?) ()SYMPTOM? OR LUTS OR BLA- DDER()OUTLET()OBSTRUCT? OR BOO OR (BENIGN() PROSTATE?() (HYPER- TROPHY? OR HYPERPLASIA? OR HYPER() (TROPH??? OR PLASIA???)) OR BPH OR ENLARGE?
S5	28	S1 (S) S2 (S) S3 (S) S4
S6	28	IDPAT (sorted in duplicate/non-duplicate order)
S7	28	IDPAT (primary/non-duplicate records only)
S8	2134228	ASSESS? OR DIAGNOS? OR EVALUAT? OR MEASUR? OR EXAMIN? OR D- ETERMINE? OR APPRAIS?
S9	716	S1 (S) S2 (S) S8
S10	716	S9 (S) S8
S11	15	S9 (S) S4
S12	273	S1 (10N) S2 (10N) S8
S13	262965	IC=(A61B? OR S61M?)
S14	132	S12 AND S13
S15	24	S1 (10N) S2 (10N) S3 (10N) S8 AND S13
S16	7878	S4 (S) S2
S17	2060	S8 (10N) S4
S18	1291	S8 (5N) S4
S19	22	S18 (10N) S2
S20	22	S19 NOT S15
S21	8288017	TOPOGRAPH? OR TOPOLOG? OR ANATOM? OR SHAPE? OR FORM??? OR - FORMATION? OR CONTOUR? OR CONFIGUR?
S22	12629	S1 (S) S21
S23	5239	S1 (10N) S21
S24	501	S23 (10N) S2
S25	9	S24 (10N) S8
S26	14356	S21 (10N) S4
S27	1090	LOWER()URINA?() (TRACT? OR TRACK?) ()SYMPTOM? OR LUTS OR BLA- DDER()OUTLET()OBSTRUCT? OR BOO OR (BENIGN() PROSTATE?() (HYPER- TROPHY? OR HYPERPLASIA? OR HYPER() (TROPH??? OR PLASIA???)) OR BPH
S28	160	S21 (S) S27
S29	9	S28 (S) S2
S30	2568	S1 (5N) S3
S31	87	S30 (10N) S8
S32	27	S31 AND S13
S33	352157	IC=(A61B? OR A61M?)
S34	161	S12 AND S33
S35	27	S1 (10N) S2 (10N) S3 (10N) S8 AND S33
S36	3	S35 NOT S15
S37	31	S31 AND S33
S38	4	S37 NOT S32
S39	27	S21 (5N) S27

? show files

File 347:JAPIO Nov 1976-2005/Jan(Updated 050506)

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File 350:Derwent WPIX 1963-2005/UD,UM &UP=200535

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7/5/2 (Item 2 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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016548747 **Image available**
WPI Acc No: 2004-707488/200469
Related WPI Acc No: 2004-340058
XRAM Acc No: C04-249485
XRPX Acc No: N04-560830

Medical device, i.e. stent for use within body lumen of patient,
comprises connecting segment locatable in external sphincter, when device
is placed within body of patient, and disposed between and coupling
together coils defining lumens

Patent Assignee: SCIMED LIFE SYSTEMS (SCIM-N)

Inventor: GELLMAN B N

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20040181287	A1	20040916	US 2002277575	A	20021022	200469 B
			US 2004811196	A	20040326	

Priority Applications (No Type Date): US 2002277575 A 20021022; US
2004811196 A 20040326

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20040181287	A1	14	A61F-002/04		Cont of application US 2002277575 Cont of patent US 6733536

Abstract (Basic): US 20040181287 A1

NOVELTY - A medical device (10) for use within a body lumen of a patient, comprises a connecting segment (22) locatable in an external sphincter, when the device is placed within the body of the patient, the connecting segment disposed between and coupling together first and second coils (18, 20) having windings (15) defining a first and a second lumen (21a, 21b), respectively.

DETAILED DESCRIPTION - A medical device for use within a body lumen of a patient, comprises a first coil having windings defining a first lumen, and locatable on the proximal side of the external sphincter, the first coil having a distal end (26) terminating on the proximal side of the external sphincter, when the device is placed within the body of the patient; a second coil having windings defining a second lumen and locatable on the distal side of the external sphincter, the second coil having a proximal end terminating on the distal side of the external sphincter, when the device is placed within the body of the patient; and a connecting segment locatable in the external sphincter, when the device is placed within the body of the patient, the connecting segment disposed between and coupling together the first and second coils. An INDEPENDENT CLAIM is also included for a method of maintaining the patency of a patient's urethra, comprising supporting the prostatic section of the urethra with a first coil; supporting the bulbar section of the urethra with a second coil; and permitting normal constriction of the external sphincter with an uncoiled connecting segment disposed, between and coupling the first and second coils.

USE - The invention is a stent for use within a body lumen of a patient. It is used for maintaining the patency of a patient's urethra (claimed). It is useful for draining fluid from the bladder of a patient. It is used in the treatment for patients suffering from **bladder outlet obstruction**, to address and relieve **urinary retention**. It is useful for benign **prostatic hyperplasia** or **prostatic carcinoma**.

ADVANTAGE - The invention maintains the urethra open and able to

pass fluids from the bladder, while also allowing normal operation of the patient's external sphincter, such that the patient has control over the retention and discharge of urine (and/or other fluids) from the bladder. It resists migration, and prevents or reduces the attraction of blood clots (and/or other debris) when placed and used within the patient. It permits ease of removal by the patient, when patency of the lumen is restored, thus avoiding the cost and inconvenience of returning to a medical practitioner's office following the conclusion of treatment of the urological disorder.

DESCRIPTION OF DRAWING(S) - The figure is a side view of a prostatic stent.

Medical device (10)
Windings (15)
First and second coils (18, 20)
First and a second lumen (21a, 21b)
Connecting segment (22)
Distal end (26)
Removal segment (34)
Hook (38, 39)
pp; 14 DwgNo 1A/7

Title Terms: MEDICAL; DEVICE; STENT; BODY; LUMEN; PATIENT; COMPRISE;
CONNECT; SEGMENT; LOCATE; EXTERNAL; SPHINCTER; DEVICE; PLACE; BODY;
PATIENT; DISPOSABLE; COUPLE; COIL; DEFINE; LUMEN

Derwent Class: A96; P32

International Patent Class (Main): A61F-002/04

International Patent Class (Additional): A61F-011/00

File Segment: CPI; EngPI

7/5/13 (Item 13 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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012578491 **Image available**

WPI Acc No: 1999-384598/199932

Related WPI Acc No: 2003-617831

XRPX Acc No: N99-288037

Internal catheter for treating obstruction of prostatic urethra

Patent Assignee: ARGOMED LTD (ARGO-N); WIT IP CORP (WITI-N)

Inventor: ESHEL U; LAZAROVITZ J

Number of Countries: 027 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5916195	A	19990629	US 9818664	A	19980204	199932 B
EP 935977	A2	19990818	EP 99101640	A	19990204	199937
JP 11319074	A	19991124	JP 9920563	A	19990128	200006

Priority Applications (No Type Date): US 9818664 A 19980204

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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US 5916195	A		6	A61M-029/00	
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EP 935977	A2 E			A61M-025/04	
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Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT

LI LT LU LV MC MK NL PT RO SE SI

JP 11319074	A		80	A61M-001/00	
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Abstract (Basic): US 5916195 A

NOVELTY - The catheter (1) has two tubular members (2,4) enabling drainage of physiological fluids and an inflatable balloon (20) attached to the second tubular member. Each of the tubular members has a wall (8,10) of specific thickness and are interconnected by a

connecting tube (6) with a smaller diameter. The inflatable balloon is in fluid communication with the connecting tube.

DETAILED DESCRIPTION - The inflatable balloon located the second tubular member within the patient's prostatic urethra so that the connecting tube is held by the patient's sphincter. The connecting tube extends beyond the first tubular member and connects to an inflating element.

USE - The internal catheter is designed to be used for the treatment of Benign prostrate hyperplasia (BPH), to remove obstruction of the prostatic urethra .

ADVANTAGE - None given.

DESCRIPTION OF DRAWING(S) - The drawing shows a schematic longitudinal section of the internal catheter with the locating balloon inflated.

Catheter (1)

Tubular members (2,4)

Connecting member (6)

Walls of tubular members (8,10)

Inflatable balloon (20)

pp; 6 DwgNo 1a/6

Title Terms: INTERNAL; CATHETER; TREAT; OBSTRUCT; PROSTATE; URETHRA

Derwent Class: P34

International Patent Class (Main): A61M-001/00; A61M-025/04; A61M-029/00

International Patent Class (Additional): A61M-025/00; A61M-025/01;

A61M-025/08; A61M-025/088; A61M-025/10

File Segment: EngPI

7/5/14 (Item 14 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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010066654 **Image available**

WPI Acc No: 1994-334366/199442

XRPX Acc No: N94-262576

Prostatic stent for treatment of obstruction of prostatic urethra - has elongated body with passage and distal, mid, and proximal sections, having length sufficient to extend distally from bladder neck

Patent Assignee: AMS MEDINVENT SA (AMSM-N)

Inventor: BURTON J; CLERC C; FURRER A; JEDWAB M; MARILLER A; MIKULICH M; TIHON C; LA MIKULICH M; EDEN C T; BURTON J H; CLERC C O; JEDWAB M R; MIKULICH M A

Number of Countries: 019 Number of Patents: 011

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week	
EP 622059	A1	19941102	EP 94850069	A	19940426	199442	B
AU 9459358	A	19941117	AU 9459358	A	19940408	199502	
SE 9301415	A	19941028	SE 931415	A	19930427	199503	
CA 2120572	A	19941028	CA 2120572	A	19940405	199504	
AU 664944	B	19951207	AU 9459358	A	19940408	199605	
SE 505436	C2	19970825	SE 931415	A	19930427	199740	
US 5667486	A	19970916	US 94233660	A	19940426	199743	
CA 2120572	C	19980714	CA 2120572	A	19940405	199839	
EP 622059	B1	20010718	EP 94850069	A	19940426	200142	
DE 69427719	E	20010823	DE 627719	A	19940426	200156	
			EP 94850069	A	19940426		
ES 2157970	T3	20010901	EP 94850069	A	19940426	200161	

Priority Applications (No Type Date): SE 931415 A 19930427

Cited Patents: DE 4130431; EP 183372; EP 323818; EP 481365; FR 2611486; GB 2227175; US 4973301; US 4994066; WO 8901798; WO 9116005

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
EP 622059	A1	E	8	A61F-002/06	
Designated States (Regional): AT BE CH DE DK ES FR GB GR IE IT LI LU NL PT SE					
AU 9459358	A			A61M-029/00	
SE 9301415	A			A61M-029/00	
CA 2120572	A			A61F-002/04	
AU 664944	B			A61M-029/00	Previous Publ. patent AU 9459358
SE 505436	C2			A61F-002/04	
US 5667486	A		7	A61M-005/00	
CA 2120572	C			A61F-002/04	
EP 622059	B1	E		A61F-002/06	
Designated States (Regional): AT BE CH DE DK ES FR GB GR IE IT LI LU NL PT SE					
DE 69427719	E			A61F-002/06	Based on patent EP 622059
ES 2157970	T3			A61F-002/06	Based on patent EP 622059

Abstract (Basic): EP 622059 A

An elongate body (13) defines a passage through and comprises a distal section (17) with a mid-section (19) and a proximal section (21). The elongate body (13) has a length sufficient to extend distally from a bladder neck (3) to a position somewhat short of the external sphincter (9). The proximal section (21) has a shape conforming to the neck (3) of the urinary bladder (1).

The proximal end(23) of the proximal section (21) extends in a plane (P) sloping at an angle (a) to a normal (N) to a centre line (L) of the body (13) not exceeding about 50 degrees.

ADVANTAGE - Provides an improved prostatic stent for the treatment of **bladder outlet obstruction** caused by an **enlarged prostate** having a shape conformed to the neck of the **urinary bladder** to avoid **urinary** calculi or encrustation or to avoid uncovered areas of the **prostatic urethra** adjacent to the **bladder neck**. While avoiding migration of the **stent** into the **bladder** or distally towards the sphincter.

Dwg.1/1

Title Terms: PROSTATE; STENT; TREAT; OBSTRUCT; PROSTATE; URETHRA; ELONGATE; BODY; PASSAGE; DISTAL; MID; PROXIMITY; SECTION; LENGTH; SUFFICIENT; EXTEND; DISTAL; BLADDER; NECK

Derwent Class: P32; P34

International Patent Class (Main): A61F-002/04; A61F-002/06; A61M-005/00; A61M-029/00

File Segment: EngPI

7/5/23 (Item 23 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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003264358

WPI Acc No: 1982-B3988E/198206

Bladder channel enlarger during adenomic blockage - has two concentric tubes with working lips and arrangement for measurement of force applied to moving tube

Patent Assignee: LOVENETSKII P S (LOVE-I)

Inventor: LOVENETSKI P S

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 825094	B	19810430				198206 B

Priority Applications (No Type Date): SU 2433623 A 19761225

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes
SU 825094 B 2

Abstract (Basic): SU 825094 B

The unit is used to **enlarge** the **bladder** channel during adenomic **blockage**. The unit has two **tubes** placed one inside the other with working lips at the end. The **tubes** are placed in the casing and are provided with a drive for the lips moving apart. To prevent damaging the gland, the unit is provided with an arrangement to measure the force applied to the moving **tube**.

The force measuring arrangement has a slide situated in the casing and containing a spring. The spring at one end is connected to the moving tube and at the other end to the drive screw. A sight is placed in the slide and is connected to the tube. Plank with a scale is situated in the sight slot. The scale is graduated in the spring compression force in kilogrammes. Bul. 16/30.4.81. (2pp

Title Terms: **BLADDER**; **CHANNEL**; **ENLARGE**; **BLOCK**; **TWO**; **CONCENTRIC**; **TUBE**; **WORK**; **LIP**; **ARRANGE**; **MEASURE**; **FORCE**; **APPLY**; **MOVE**; **TUBE**

Derwent Class: P34

International Patent Class (Additional): A61M-029/00

File Segment: EngPI

7/5/25 (Item 25 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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001647009

WPI Acc No: 1976-81458X/197644

Prostate gland catheter - is designed for prolonged insertion without causing inflammation or infection

Patent Assignee: FABIAN K (FABI-I)

Number of Countries: 001 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 2528273	A	19761021				197644 B
DE 2528273	B	19800807				198033

Priority Applications (No Type Date): DE 2528273 A 19750412; DE 2827908 A 19780624

Abstract (Basic): DE 2528273 A

A intra- **prostatic** partial catheter for overcoming **hindered** natural **urine** discharge caused by an **enlargement** of the **prostategland**, by insertion within the **prostate urine tube**, has a **tubular** flexible form preferably with a corrugated surface and advantageously with apertures therein. The **catheter** design reduces the risk of infection which frequently occurs with known designs within 48 hours of insertion. The **tubular catheter** with a corrugated surface is fabricated in an elastic flexible material, adapted to the size of the patients' **prostate** gland.

Title Terms: **PROSTATE**; **GLAND**; **CATHETER**; **DESIGN**; **PROLONG**; **INSERT**; **CAUSE**; **INFLAMMATION**; **INFECT**

Derwent Class: A96; B07; P34

International Patent Class (Additional): A61M-025/00

File Segment: CPI; EngPI

15/5/2 (Item 2 from file: 347)
DIALOG(R)File 347:JAPIO
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06842942 **Image available**
GAGE FOR INDWELLING URETHRAL STENT

PUB. NO.: 2001-070439 [JP 2001070439 A]
PUBLISHED: March 21, 2001 (20010321)
INVENTOR(s): SHIBAYAMA TAKASHI
APPLICANT(s): KIISUMAKKU KK
APPL. NO.: 11-253048 [JP 99253048]
FILED: September 07, 1999 (19990907)
INTL CLASS: A61M-001/00; A61B-006/12 ; A61B-017/00 ; A61B-019/00 ;
A61M-029/00

ABSTRACT

PROBLEM TO BE SOLVED: To make it possible to exactly **determine** the size of an urethral stent and to exactly position the indwelling position of the urethral stent under fluoroscopy.

SOLUTION: This gage for indwelling the urethral stent 1 indwells the urethral stent 1 in the prostatic urethra and holds the **prostatic urethra** in a diametrically expanded state. In such a case, the gage has a first gage for measuring the size from the reference position L of the **urethral stent** 1 to be used and determining the **indwelling** position thereof by determining the line L connecting the bottom ends of right and left closure holes 13a and 14a in accordance with the X-ray photograph photographed by injecting a contrast medium to the prostatic urethra as the reference position of the urethral **stent** and a second gage 5 which is placed on the abdomen under fluoroscopy and is used to check the size of the **urethral stent** 1 and to display the **indwelling** position to the **prostatic urethra** when **indwelling** the **urethral stent** 1 in the **prostatic urethra**.

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15/5/3 (Item 3 from file: 347)
DIALOG(R)File 347:JAPIO
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03818378 **Image available**
MEDICAL TUBULAR BODY

PUB. NO.: 04-183478 [JP 4183478 A]
PUBLISHED: June 30, 1992 (19920630)
INVENTOR(s): UCHIUMI ATSUSHI
APPLICANT(s): MITSUBISHI CABLE IND LTD [000326] (A Japanese Company or Corporation), JP (Japan)
APPL. NO.: 02-316344 [JP 90316344]
FILED: November 20, 1990 (19901120)
INTL CLASS: [5] A61M-025/00; A61B-001/00 ; A61M-025/01
JAPIO CLASS: 28.2 (SANITATION -- Medical)
JOURNAL: Section: C, Section No. 995, Vol. 16, No. 496, Pg. 123,
October 14, 1992 (19921014)

ABSTRACT

PURPOSE: To obtain the structure having a large compression force

resistance, pulling force resistance, and a large torque transmissivity by constituting the title medical tubular body from a flat plate-shaped close winding coil made of metal, flat square-shaped braided article which is made of metal and externally fitted, and a resin-covered layer covering the flat square braided article.

CONSTITUTION: A medical tubular body is used for a catheter, endoscope, or catheter guide sheath for the diagnosis, inspection, therapy, etc., for the vessel of a living body, digestive tract, air-tube, urinary tract, oviduct, etc., and consists of a flat plate-shaped close winding coil 1 made of metal, flat square braided part 2 which is externally fitted and made of metal, and a resin-covered layer 3 covering the braided part 2. Accordingly, the thickness of the flat square braided part 2 can be made sufficiently thin, and the total thickness dimension A as tubular body T can be set to 0.085-0.20mm. In particular, the contact surface frictional force of the mutual surface contact between the flat square braided part 2 and the flat plate shaped close winding coil 1 becomes the proper magnitude, and the sufficient toughness-torque transmissivity can be obtained. Since the outside diameter D can be set to 2.0mm or less, the catheter and the endoscope having each fine diameter and high torque transmissivity can be manufactured.

15/5/5 (Item 1 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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016663059 **Image available**

WPI Acc No: 2004-821778/200481

XRPX Acc No: N04-648755

Urine flow measurement method through urinary tract catheter arrangement, involves placing sensor close to catheter arrangement to reduce delay in detection of urine flow transient

Patent Assignee: INSTRUMENTARIUM CORP (INST-N)

Inventor: HOGMAN B; TARNANEN N P; WIKFELDT P; HOEGMAN B

Number of Countries: 103 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 2004100788	A1	20041125	WO 2003SE781	A	20030514	200481 B
AU 2003241236	A1	20041203	AU 2003241236	A	20030514	200511
			WO 2003SE781	A	20030514	

Priority Applications (No Type Date): WO 2003SE781 A 20030514

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

WO 2004100788 A1 31 A61B-005/20

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NI NO NZ OM PH PL PT RO RU SC SD SE SG SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

Designated States (Regional): AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW

AU 2003241236 A1 A61B-005/20 Based on patent WO 2004100788

Abstract (Basic): WO 2004100788 A1

NOVELTY - The sensor (3) is placed close to the catheter arrangement outlet to reduce the urine volume between the sensor and the patient and to reduce the time delay for detecting urine flow transients.

DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

- (1) arrangement for measuring urine flow out of a patient;
- (2) device for measuring urine flow out of a patient; and
- (3) sensor for measuring urine flow out of a patient.

USE - For measuring urine flow out of patient when urine is extracted from bladder through urinary tract catheter.

ADVANTAGE - Eliminates problems related to large dead volumes. Enables to measure abdominal pressure reflected by pressure in urine bladder which is usable to optimize ventilator setting. Enables to maintain body temperature of a patient according to urine flow out of a patient.

DESCRIPTION OF DRAWING(S) - The figure shows a schematic view illustrating the operation of urine flow measuring device.

plastic bag (2)
urine flow sensor (3)
couplings (4,4')
alarm bell (6)
computer monitor (7)
pp; 31 DwgNo 1/6

Title Terms: URINE; FLOW; MEASURE; METHOD; THROUGH; URINE; TRACT; CATHETER; ARRANGE; PLACE; SENSE; CLOSE; CATHETER; ARRANGE; REDUCE; DELAY; DETECT; URINE; FLOW; TRANSIENT

Derwent Class: P31; S02; S05

International Patent Class (Main): A61B-005/20

International Patent Class (Additional): G01F-001/684

File Segment: EPI; EngPI

15/5/6 (Item 2 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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015750158 **Image available**

WPI Acc No: 2003-812360/200376

XRAM Acc No: C03-225782

XRFX Acc No: N03-650529

Portable urodynamic measurement system has pressure transducer capsule comprising capsule housing, pressure transducer, and retrieval and communication lead extending from the housing for passage through human urethra

Patent Assignee: MEDIPLUS LTD (MEDI-N)

Inventor: URIE R G

Number of Countries: 102 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200371944	A1	20030904	WO 2003GB586	A	20030210	200376 B
AU 2003207306	A1	20030909	AU 2003207306	A	20030210	200428

Priority Applications (No Type Date): GB 20024584 A 20020227

Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

WO 200371944 A1 E 20 A61B-005/03

Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SC SD SE SG SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

Designated States (Regional): AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT SD SE SI SK SL SZ TR TZ UG ZM ZW

Abstract (Basic): WO 200371944 A1

NOVELTY - A portable urodynamic measurement system comprises a pressure transducer capsule (10) comprising capsule housing, pressure transducer, and retrieval and communication lead (14) extending from the housing for passage through a human urethra; and data recording device coupled to the transducer by the lead for recording measurements from the transducer as a function of time.

DETAILED DESCRIPTION - An INDEPENDENT CLAIM is also included for producing the above urodynamic measurements on a patient's body by:

(1) inserting a pressure transducer capsule into a bladder (20) via the urethra leaving the retrieval and communication lead extending from the transducer to a position external of the body;

(2) connecting the lead to a portable data recording device carried by the patient; and

(3) monitoring and recording pressure signal from the pressure transducer.

USE - Used as urodynamic measurement system for urodynamic studies.

ADVANTAGE - The inventive system avoids the use of catheters passing through the urethra for filling the bladder, and enables recording measurements, thus enabling full mobility of the patient. It enables voiding to take place without the urethral restrictions resulting from a filling catheter. It integrates the pressure sensing data collection and the flow sensing data collection into a single, fully portable unit that be carried or worn by the patient.

DESCRIPTION OF DRAWING(S) - The figure is labeled a schematic diagram of the urodynamic measurement system.

Pressure transducer capsule (10)

Retrieval and communication lead (14)

Bladder (20)

Data recording device (30)

pp; 20 DwgNo 1/2

Title Terms: PORTABLE; MEASURE; SYSTEM; PRESSURE; TRANSDUCER; CAPSULE; COMPRISE; CAPSULE; HOUSING; PRESSURE; TRANSDUCER; RETRIEVAL; COMMUNICATE; LEAD; EXTEND; HOUSING; PASSAGE; THROUGH; HUMAN; URETHRA

Derwent Class: A96; P31; S02; S05

International Patent Class (Main): A61B-005/03

International Patent Class (Additional): A61B-005/00

File Segment: CPI; EPI; EngPI

15/5/7 (Item 3 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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015043157 **Image available**

WPI Acc No: 2003-103673/200309

XRAM Acc No: C03-026331

XRPX Acc No: N03-082693

Apparatus for monitoring analyte comprises urethral catheter and sensor which is located so that, when catheter is positioned within urethra by positioning mechanism, sensor is held near to urethral wall

Patent Assignee: DIAMETRICS MEDICAL LTD (DIAM-N)

Inventor: BARNETT N

Number of Countries: 101 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200296286	A1	20021205	WO 2002GB2546	A	20020531	200309 B

EP 1395175	A1	20040310	EP 2002730466	A	20020531	200418
			WO 2002GB2546	A	20020531	
KR 2004018382	A	20040303	KR 2003715489	A	20031127	200443
AU 2002302787	A1	20021209	AU 2002302787	A	20020531	200452
JP 2005508661	W	20050407	JP 2002592804	A	20020531	200524
			WO 2002GB2546	A	20020531	

Priority Applications (No Type Date): GB 200113388 A 20010601

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 200296286	A1	E	27	A61B-005/03	
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Designated States (National): AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ OM PH PL PT RO RU SD SE SG SI SK SL TJ TM TN TR TT TZ UA UG US UZ VN YU ZA ZM ZW

Designated States (Regional): AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZM ZW

EP 1395175	A1	E	A61B-005/03	Based on patent WO 200296286
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Designated States (Regional): AL AT BE CH CY DE DK ES FI FR GB GR IE IT LI LT LU LV MC MK NL PT RO SE SI TR

KR 2004018382	A	A61B-005/03	
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AU 2002302787	A1	A61B-005/03	Based on patent WO 200296286
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JP 2005508661	W	15 A61B-005/00	Based on patent WO 200296286
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Abstract (Basic): WO 200296286 A1

NOVELTY - Apparatus comprises a urethral catheter (1) comprising a positioning mechanism (13) for positioning the catheter in the urethra and a sensor which is located so that, when the catheter is positioned within the urethra by the positioning mechanism, the sensor is held near to a urethral wall.

USE - The apparatus is used for determining analyte perfusion in human and animal organs and for detecting the onset of shock of apparatus for measuring the concentration of analyte consisting of pH, oxygen and carbon dioxide in epithelial tissue in the urethral wall.

ADVANTAGE - Reliable monitoring of analyte in the **urethral** wall can be effected using a non-invasive technique for monitoring analyte indicative of the condition of the patient, without any additional step for introduction of a monitoring device. **Urethral catheters** are **close** fit within the **urethra** so that there is no ambiguity in the position of the sensor in relation to the **urethral** wall. The apparatus gives continuous monitoring of the analyte or analytes, providing the clinician with an instantaneous **measurement** of the current value and an indication of the historical development of the analyte level.

DESCRIPTION OF DRAWING(S) - The figure is a side elevation of a urethral catheter having three lumens.

Urethral catheter (1)

Positioning mechanism (13)

pp; 27 DwgNo 1/10

Title Terms: APPARATUS; MONITOR; ANALYTE; COMPRISE; URETHRA; CATHETER; SENSE; LOCATE; SO; CATHETER; POSITION; URETHRA; POSITION; MECHANISM; SENSE; HELD; URETHRA; WALL

Derwent Class: B04; P31

International Patent Class (Main): A61B-005/00 ; A61B-005/03

International Patent Class (Additional): A61B-005/00

File Segment: CPI; EngPI

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010968978 **Image available**

WPI Acc No: 1996-465927/199647

XRPX Acc No: N96-392375

Urine flow meter for determining urological flow characteristics in urological examinations - has urine container supported on ring forming free end of balance providing measurement output to control and monitoring unit with outlet tube closed off with clamp

Patent Assignee: ANDROMEDA MEDIZINISCHE SYSTEME GMBH (ANDR-N)

Inventor: JAUCH R; JENSEN M G; WITTE J

Number of Countries: 001 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 19613306	A1	19961017	DE 1013306	A	19960403	199647 B
DE 19613306	C2	19980115	DE 1013306	A	19960403	199806

Priority Applications (No Type Date): DE 95U2006500 U 19950415

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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DE 19613306	A1		7	A61B-005/20	
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DE 19613306	C2		7	A61B-005/20	
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Abstract (Basic): DE 19613306 A

The urine flow meter has a funnel-shaped urine container (3) which at its lowest point has a cylindrical pipe (31) with a vertical axis which is connected to an electronic control and monitoring unit. The urine container is supported in flat horizontal ring (21) forming the free end of a scale beam (2) of a scale (1).

The scale reading is supplied to the electronic control and monitoring unit (6). A flexible tube (4) continues the vertical flow from the pipe (31) below which the tube is provided with a clamp (511-513) to seal it off.

ADVANTAGE - Increases frequency of patient examinations and enables maximum measurement accuracy.

Dwg.1/3

Title Terms: URINE; FLOW; METER; DETERMINE; UROLOGICAL; FLOW; CHARACTERISTIC; UROLOGICAL; EXAMINATION; URINE; CONTAINER; SUPPORT; RING; FORMING; FREE; END; BALANCE; MEASURE; OUTPUT; CONTROL; MONITOR; UNIT; OUTLET; TUBE; CLOSE; CLAMP

Derwent Class: P31; S02; T01

International Patent Class (Main): **A61B-005/20**

International Patent Class (Additional): G01F-001/76; G01G-011/06

File Segment: EPI; EngPI

15/5/24 (Item 20 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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001301184

WPI Acc No: 1975-J5101W/197534

Urethral restriction treatment endoscope - has recess along external rod accommodating permanent catheter

Patent Assignee: WOLF GMBH RICHARD (WOLH)

Number of Countries: 002 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
FR 2249641	A	19750704				197534 B
GB 1467709	A	19770323				197712

Priority Applications (No Type Date): DE 73U39606 U 19731106

Abstract (Basic): FR 2249641 A

An examination rod with lens and light conductor connected to a light source is inserted in an external rod (1) which has a rotary component (2), and, for its entire length, a recess (3) wide enough to accomodate a permanent catheter . The examination rod has a tube (15) on the side towards the recess allowing insertion of a thin urethra catheter (17) for passing through the restriction . The examination rod can be replaced by an operating rod having a knife at the tip to remove the restriction . A small guide tube extends from the recess and in parallel to its axis, for threading onto the urethra catheter once inserted. The examination rod can pass through the outside rod on the opposite side to the recess.

Title Terms: URETHRA; RESTRICT; TREAT; ENDOSCOPE; RECESS; EXTERNAL; ROD; ACCOMMODATE; PERMANENT; CATHETER

Derwent Class: P31; P34

International Patent Class (Additional): A61B-001/30 ; A61M-025/00

File Segment: EngPI

20/5/14 (Item 10 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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011064847 **Image available**

WPI Acc No: 1997-042772/199704

XRPX Acc No: N97-035544

System for measuring weakness of body lumens, esp. urethral sphincters and similar valves - by inserting catheter , expanding hollow fluted distal end into enlarged configuration, and measuring resistance to withdrawal

Patent Assignee: UNIV IOWA RES FOUND (IOWA)

Inventor: KREDER K J

Number of Countries: 024 Number of Patents: 008

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 9639075	A1	19961212	WO 96US7739	A	19960528	199704 B
AU 9659334	A	19961224	AU 9659334	A	19960528	199715
ZA 9604750	A	19970430	ZA 964750	A	19960606	199723
EP 831739	A1	19980401	EP 96916652	A	19960528	199817
			WO 96US7739	A	19960528	
US 5776081	A	19980707	US 95467100	A	19950606	199834
AU 710512	B	19990923	AU 9659334	A	19960528	199951
JP 11511040	W	19990928	WO 96US7739	A	19960528	199952
			JP 97500737	A	19960528	
KR 99022305	A	19990325	WO 96US7739	A	19960528	200023
			KR 97708784	A	19971204	

Priority Applications (No Type Date): US 95467100 A 19950606

Cited Patents: FR 1585065; FR 2580504; GB 2091559

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 9639075	A1	E	22	A61B-005/03	
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Designated States (National): AU CA JP KR

Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE

KR 99022305	A			A61B-005/03	Based on patent WO 9639075
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AU 9659334	A			A61B-005/03	Based on patent WO 9639075
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ZA 9604750	A		15	A61B-000/00	
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EP 831739	A1	E		A61B-005/03	Based on patent WO 9639075
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Designated States (Regional): AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE

AU 710512	B			A61B-005/03	Previous Publ. patent AU 9659334
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Based on patent WO 9639075

JP 11511040	W		21	A61B-005/00	Based on patent WO 9639075
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US 5776081	A			A61B-005/103	
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Abstract (Basic): WO 9639075 A

The system comprises a catheter (12) with a hollow fluted distal end (14) which can be inserted into a lumen (44). The hollow fluted distal end of the **catheter** is then expanded into an **enlarged** configuration (30). The **measurement** of resistance to withdrawal of the **catheter** in the enlarged configuration provides an indication of weakness of the lumen.

The catheter may be inserted into a bladder via the urethral sphincter and the weakness of the urethral sphincter is measured. Alternatively the device can consist of a catheter with a hollow fluted distal end having of an array of wings (16) and an expanding plunger (24) for radially expanding the wings into an enlarged configuration (30). Subsequent withdrawal of the catheter in the enlarged configuration encounter resistance which can be measured as an indication of the weakness of the body lumen.

ADVANTAGE - Provides simple test for diagnosing lumen weakness.
Dwg.6/7

Title Terms: SYSTEM; MEASURE; WEAK; BODY; LUMEN; URETHRA; SIMILAR; VALVE;
INSERT; CATHETER; EXPAND; HOLLOW; FLUTE; DISTAL; END; ENLARGE;
CONFIGURATION; MEASURE; RESISTANCE; WITHDRAW

Derwent Class: P31

International Patent Class (Main): A61B-000/00; A61B-005/00; A61B-005/03;
A61B-005/103

International Patent Class (Additional): A61B-005/20; A61B-005/22

File Segment: EngPI

20/5/16 (Item 12 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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009307137 **Image available**

WPI Acc No: 1993-000573/199301

Related WPI Acc No: 1992-193109

XRPX Acc No: N93-000244

**Appts. for minimally invasive treatment of benign prostate hyperplasia -
involves adenectomy supported by vacuum catheter inserted into urethra
for suction of excess mucal secretion in regional prostate glands**

Patent Assignee: SCHUBERT W (SCHU-I)

Inventor: SCHUBERT W

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 4120018	A1	19921224	DE 4120018	A	19910618	199301 B

Priority Applications (No Type Date): DE 4120018 A 19910618

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
DE 4120018	A1	8	A61B-017/32		Add to patent DE 4038398

Abstract (Basic): DE 4120018 A

A long, hollow, cannula-type instrument (1) is used with a connection for a variably adjustable vacuum pump for enucleative **measures** on a prostate gland **enlarged** by adenomas. As a supportive **measure** and for preventing harm to the urethra a vacuum **catheter** is available, which has sieve-type cover holes in the front area for the prostate part of the urethra, in order to suck away excess manually developed secretion out of the enlarged prostate.

A third measure involves a variably expandable balloon (3) for the lower rectum at the level of the enlarged prostate (6) which works with a connecting hose (4), valve (5) and pressure pump (P+). The actual enucleation and adenectomy are effected by a laser appts. with light conductor which fits into the cannula.

USE/ADVANTAGE - For the percutaneous, space-saving enucleation and adenectomy treatment of prostate hyperplasia.

Dwg.4/7

Title Terms: APPARATUS; MINIMUM; INVAD; TREAT; BENIGN; PROSTATE;
HYPERPLASIA; SUPPORT; VACUUM; CATHETER; INSERT; URETHRA; SUCTION; EXCESS;
SECRETION; REGION; PROSTATE; GLAND

Derwent Class: P31

International Patent Class (Main): A61B-017/32

File Segment: EngPI

32/5/16 (Item 12 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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012103075 **Image available**

WPI Acc No: 1998-519987/199844

XRPX Acc No: N98-406139

Bladder function determining method of male patient - involves collecting urine discharged from bladder after venting pressure from cuff, accompanied by measurement of flow rate and volume of urine

Patent Assignee: MCRAE L P (MCRA-I)

Inventor: MCRAE L P

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 5807278	A	19980915	US 96656943	A	19960606	199844 B

Priority Applications (No Type Date): US 96656943 A 19960606

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 5807278	A		6	A61B-005/00	

Abstract (Basic): US 5807278 A

The method involves placing an inflatable cuff (12) about a penis (50) and inflating the cuff to prevent flow of urine through urethra (56). The pressure is gradually released while patient is exerting force on bladder until force is sufficient to overcome pressure to initiate urine flow.

The pressure is rapidly vented from cuff allowing urine to flow freely under force. The urine during flow is collected, and flow rate and volume of urine discharged from bladder is measured. The pressure, rate of flow and volume of urine discharged is then recorded.

USE - For patients with existing or potential urological disorders i.e. prostate pathology.

ADVANTAGE - Reduces risks and difficulty in performing evaluation testing and diagnosis of patients experiencing urological disorders. Increases accuracy of testing to **determine** severity of **constriction** to **urinary** flow. Enables to carry out testing of bladder pressure and urinary flow by persons other than surgically licensed personnel.

Dwg.1/1

Title Terms: BLADDER; FUNCTION; DETERMINE; METHOD; MALE; PATIENT; COLLECT; URINE; DISCHARGE; BLADDER; AFTER; VENT; PRESSURE; CUFF; ACCOMPANIED; MEASURE; FLOW; RATE; VOLUME; URINE

Derwent Class: P31; S05

International Patent Class (Main): A61B-005/00

File Segment: EPI; EngPI

32/5/17 (Item 13 from file: 350)
DIALOG(R) File 350:Derwent WPIX
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011711927

WPI Acc No: 1998-128837/199812

XRPX Acc No: N98-101782

Method of evaluating bladder volume and controlling sphincter - involves monitoring intra-abdominal pressure with piezo crystal to provide feedback signals to implanted IPG

Patent Assignee: ANONYMOUS (ANON)

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
RD 403073	A	19971110	RD 97403073	A	19971020	199812 B

Priority Applications (No Type Date): RD 97403073 A 19971020

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
RD 403073	A			A61B-000/00	

Abstract (Basic): RD 403073 A

The method involves providing feedback signals to an implanted IPG using existing technology. It includes a tripolar **impedance bladder volume evaluation** system, and a piezo crystal to detect variations of intra-abdominal pressure.

To achieve continence, the closing pressure of the sphincter should be at least equal to the hydrostatic pressure of the bladder content. The actual hydrostatic pressure of the urine contained within the bladder has to be added by the intra-abdominal pressure. A sensor measuring pressure variation detects pressure variance due to breathing, etc.

USE - For treating incontinence in conjunction with urethral dynamic muscle plasty, direct sphincter stimulation, sacral root stimulation or sacral nerve stimulation.

ADVANTAGE - The method adds no more than one lead to an existing system, and gives patient comfort, efficiency of the sphincter system and IPG life, as well as minimal muscle fatigue.

Dwg.0

Title Terms: METHOD; EVALUATE; BLADDER; VOLUME; CONTROL; SPHINCTER; MONITOR ; INTRA; ABDOMEN; PRESSURE; PIEZO; CRYSTAL; FEEDBACK; SIGNAL; IMPLANT

Derwent Class: P31; S05; T01

International Patent Class (Main): A61B-000/00

File Segment: EPI; EngPI

32/5/18 (Item 14 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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010503505 **Image available**

WPI Acc No: 1996-000456/199601

XRPX Acc No: N96-000419

Appliance for detecting prostate-caused urethral obstruction -

incorporates endoscope with sluice duct, fluid receptacle and manometer

Patent Assignee: UNIV FREIBURG KLINIKUM ALBERT-LUDWIGS (UYFR-N)

Inventor: KATZENWADEL A; KREUTZIG T; POPKEN G

Number of Countries: 001 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 4417895	A1	19951123	DE 4417895	A	19940521	199601 B
DE 4417895	C2	19960404	DE 4417895	A	19940521	199618

Priority Applications (No Type Date): DE 4417895 A 19940521

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
DE 4417895	A1		6	A61B-001/307	
DE 4417895	C2		6	A61B-001/307	

Abstract (Basic): DE 4417895 A

The sluice duct (9) is attached externally to a liquid receptacle (10) with variable pressure. A manometer (11) measures the pressure esp. in the sluice duct, as a **measurement** for the intraprostatic,

urethral closure pressure.

The distal outlet end (12) of the sluice duct is positioned with the aid of the endoscope (8) inside the urethra (4) near the colliculus seminalis (7). The fluid pressure and or conveyance is produced by at least one pump or dispenser.

USE/ADVANTAGE - The appliance detects an urethral obstruction with an endoscope possessing a sluice duct, adapted for insertion into the urethra.

Dwg.1/3

Title Terms: APPLIANCE; DETECT; URETHRA; OBSTRUCT; INCORPORATE; ENDOSCOPE; SLUICE; DUCT; FLUID; RECEPTACLE; MANOMETER

Derwent Class: P31

International Patent Class (Main): **A61B-001/307**

International Patent Class (Additional): **A61B-001/012 ; A61B-001/015 ; A61B-005/20**

File Segment: EngPI

32/5/24 (Item 20 from file: 350)

DIALOG(R) File 350:Derwent WPIX

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007273021

WPI Acc No: 1987-270028/198738

XRPX Acc No: N87-202216

Diagnosis of urinary tract in intravesical obstruction - measuring volume speed of urination at first urge to urinate and when bladder is overfull

Patent Assignee: MOSC MEDICINE INST (MOME-R)

Inventor: BORISOV V V; GOGICHAEV Z K H; PYTEL Y U A

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
SU 1289463	A	19870215	SU 3841016	A	19850110	198738 B

Priority Applications (No Type Date): SU 3841016 A 19850110

Patent Details:

Patent No	Kind	Lan Pg	Main IPC	Filing Notes
SU 1289463	A	2		

Abstract (Basic): SU 1289463 A

The method of **diagnosis** of the functional condition of the lower **urinary** tract in intravesical **obstruction** involves recording the volume speed of urination in time and comparing it with the norm.

The volume speed of urination is performed twice - at the first urge to urinate and when the urinary bladder is overfull, and then the urofluorometric indices are calculated from the formula $I = (Q.tn/t.Qn) \times 100$ in which I= the index, Q=the volume speed of urination in the norm for an equal volume of excreted urine, t = the time of urination, tn=the time in the norm. If the index of urination of the patient is greater than the norm., latent impairments are diagnosed, whereas if it is less than the norm latent reserves of urination are diagnosed.

USE - For differential diagnosis of latent impairments and latent reserves of urination. Bul.6/15.2.87

Dwg.0/0

Title Terms: DIAGNOSE; URINE; TRACT; OBSTRUCT; MEASURE; VOLUME; SPEED; URINE; FIRST; BLADDER

Derwent Class: P31

International Patent Class (Additional): **A61B-010/00**

File Segment: EngPI

32/5/26 (Item 22 from file: 350)
DIALOG(R)File 350:Derwent WPIX
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001273025

WPI Acc No: 1975-F6932W/197522

**Urine flow quantity measurer - has tape intermittently perforated by
needle and moved by float in measuring cylinder**

Patent Assignee: BRUCHHAUSEN C P (BRUC-I)

Number of Countries: 001 Number of Patents: 001

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
DE 2357792	A	19750522				197522 B

Priority Applications (No Type Date): DE 2357792 A 19731120

Abstract (Basic): DE 2357792 A

Medical urine amount measurer per unit time has a measuring cylinder and measuring strip which is movable in front of a perforating needle by a float in the cylinder, with a rod. Preferably the needle is actuatable by a battery-driven releaser. The cylinder has a **measuring** scale corresp. to that of the **measuring** strip. **Obstacles** to flow of **urine** through the ureter, e.g. from prostatic hypertrophy, can be **diagnosed**, without rectal palpation of the prostate. The needle can be set with the releaser to produce a perforation every 10 sec. and the amt. of urine discharged during this period is measured from the scale on the tape.

Title Terms: URINE; FLOW; QUANTITY; MEASURE; TAPE; INTERMITTENT;
PERFORATION; NEEDLE; MOVE; FLOAT; MEASURE; CYLINDER

Derwent Class: P31

International Patent Class (Additional): A61B-005/00

File Segment: EngPI

Set	Items	Description
S1	5551	URETHRA? ? OR UROGENITAL? OR URO()GENITAL? OR GENITOURINAR? OR ENDOURETHR? OR INTRAURETHR? OR LUT OR LOWER()URINAR?() (TR- ACT? ? OR TRACK?)
S2	36840	PROSTAT?
S3	299732	INDWELL??? OR PROTHE? OR CATHETER? OR SHUNT? OR CANNULA? OR CANULA? OR INTUBAT??? OR IMPLANT? OR STENT? ? OR ELONGAT?(3N-) (BODY OR BODIES OR MEMBER?) OR TUBE? ? OR TUBULAR?
S4	40832	S1 OR S2
S5	5551	S4 (10N) S1
S6	2286	S4 (10N) S3
S7	65212	URODYNAMIC? OR URO()DYNAMIC? OR (URINE? OR URINAR?) (2N) FLO- W? OR MICTUR? OR URINAT? OR VOID???
S8	16913	PRESSUR?(3N)PROFIL? OR UPP OR MUPP OR FLOW(2N)ANALY? OR PE- RFUS?()URETHRA?()PROFIL?
S9	45	S6 (10N) (S7 OR S8)
S10	37	RD (unique items)
S11	18	ABBEYMOOR? OR (ABBY OR ABBEY)()MOOR? OR ABBYMOOR?
S12	13	RD (unique items)
S13	13425	LOWER()URINA?() (TRACT? OR TRACK?)()SYMPTOM? OR LUTS OR BLA- DDER()OUTLET()OBSTRUCT? OR BOO OR (BENIGN() PROSTATE?() (HYPER- TROPHY? OR HYPERPLASIA? OR HYPER() (TROPH??? OR PLASIA???)) OR BPH
S14	104	S6 (10N) S13
S15	96	S14 NOT S9
S16	52	RD (unique items)
S17	2316680	OBSTRUCT? OR BLOCK??? OR CONSTRICT? OR IMPED? OR COMPRESS? OR INTERFERE? OR RESTRICT? OR UNSUPPORT? OR PRESSUR?
S18	1959	S4 (10N) S17
S19	277	S18 (10N) S3
S20	1450	S4 (5N) S17
S21	151	S20 (5N) S3
S22	120	S21 NOT (S9 OR S11 OR S15)
S23	69	RD (unique items)
S24	7	S21 (10N) S7:S8
S25	190	S20 (10N) S7:S8
S26	36	S25 (S) S3
S27	15	S26 NOT (S9 OR S11 OR S15)
S28	10	RD (unique items)

? show files

File 16:Gale Group PROMT(R) 1990-2005/Jun 07

(c) 2005 The Gale Group

File 160:Gale Group PROMT(R) 1972-1989

(c) 1999 The Gale Group

File 148:Gale Group Trade & Industry DB 1976-2005/Jun 07

(c)2005 The Gale Group

File 321:PLASPEC Materials Select DB 1999/Feb

(c) 1999 Plastics Technology

File 441:ESPICOM Pharm&Med DEVICE NEWS 2005/May W2

(c) 2005 ESPICOM Bus.Intell.

10/3,K/3 (Item 3 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2005 The Gale Group. All rts. reserv.

10424922 Supplier Number: 94207910 (USE FORMAT 7 FOR FULLTEXT)
**How to use urodynamics to assess voiding dysfunction: urodynamic tests
should be tailored to an individual patient's suspected dysfunction.
(Hands On).**

Yalla, Subbarao V.; Andriole, Gerald L.
Urology Times, v30, n9, p30
Sept, 2002
Language: English Record Type: Fulltext
Document Type: Magazine/Journal; Trade
Word Count: 2408

... multilumen urodynamic catheters can be visualized. By observing the
radio-opaque markers of these special **urodynamic catheters**, the
dynamics of a particular **urethral** site (bladder neck, mid- **prostatic**
urethra, external sphincter zone, or various sites in female urethra) can
be studied during filling...

10/3,K/8 (Item 8 from file: 16)
DIALOG(R)File 16:Gale Group PROMT(R)
(c) 2005 The Gale Group. All rts. reserv.

09410006 Supplier Number: 82468700 (USE FORMAT 7 FOR FULLTEXT)
**AbbeyMoor Medical, Inc. to Present at 'Investment in Innovation: Preview of
Early-Stage Medical Technology Companies' Conference.**

PR Newswire, pMNM01904022002
Feb 4, 2002
Language: English Record Type: Fulltext
Document Type: Newswire; Trade
Word Count: 419

... on voiding dysfunction in men and how its first proprietary
product, The Spanner(TM) temporary **prostatic stent**, improves **voiding**
and the quality of life for men suffering from Lower Urinary Tract Symptoms
(LUTS) and...

Set	Items	Description
S1	42	AU=(WHALEN M? OR WHALEN, M?)
S2	26	AU=(WILLARD L? OR WILLARD, L?)
S3	367	AU=(REID J? OR REID, J?)
S4	6	S1 AND S2 AND S3
S5	6	IDPAT (sorted in duplicate/non-duplicate order)
S6	27	S1:S3 AND (URETHRA OR PROSTATE OR CATHETER OR BLADDER)
S7	27	IDPAT (sorted in duplicate/non-duplicate order)
S8	26	IDPAT (primary/non-duplicate records only)
S9	20	S8 NOT S4
S10	15	S1:S3 AND (URETHRA OR PROSTATE OR BLADDER)
S11	9	S10 NOT S4

File 347:JAPIO Nov 1976-2005/Jan(Updated 050506)

(c) 2005 JPO & JAPIO

File 350:Derwent WPIX 1963-2005/UD,UM &UP=200535

(c) 2005 Thomson Derwent

5/5/1 (Item 1 from file: 350)
DIALOG(R)File 350:Derwent WPIX
(c) 2005 Thomson Derwent. All rts. reserv.

015342707 **Image available**
WPI Acc No: 2003-403645/200338
Related WPI Acc No: 2002-557882; 2002-643009
XRPX Acc No: N03-321954

Endourethral device for treating urinary disorders has a telescopic body portion which may be adjusted to accommodate the patient's physiology

Patent Assignee: ABBEYMOOR MEDICAL INC (ABBE-N)

Inventor: BAUMGARTNER M; REID J M ; WHALEN M J ; WILLARD L K

Number of Countries: 027 Number of Patents: 004

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200339334	A2	20030515	WO 2002US33592	A	20021018	200338 B
EP 1441798	A2	20040804	EP 2002789236	A	20021018	200451
			WO 2002US33592	A	20021018	
AU 2002353843	A1	20030519	AU 2002353843	A	20021018	200464
JP 2005507728	W	20050324	WO 2002US33592	A	20021018	200523
			JP 2003541432	A	20021018	

Priority Applications (No Type Date): US 2001329859 P 20011018

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 200339334	A2	E	33	A61B-000/00	
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Designated States (National): AU CA JP

Designated States (Regional): AT BE BG CH CY CZ DE DK EE ES FI FR GB GR IE IT LU MC NL PT SE SK TR

EP 1441798	A2	E		A61M-029/02	Based on patent WO 200339334
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Designated States (Regional): AT BE BG CH CY CZ DE DK EE ES FI FR GB GR IE IT LI LU MC NL PT SE SK TR

AU 2002353843	A1			A61B-000/00	Based on patent WO 200339334
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JP 2005507728	W		50	A61M-001/00	Based on patent WO 200339334
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Abstract (Basic): WO 200339334 A2

NOVELTY - An endourathral device (10) has proximal (12) and distal (14) anchor structures separated by a body (16) provided with proximal (18) and distal (20) segments. With the body positioned within the urinary tract to at least partially traverse the prostate urethra, the proximal anchor abuts the bladder neck, and a bladder engaging element (22) extends radially from an anchor body (24). A urine receiving aperture (26) permits urine to flow from the bladder into the urethra. The distal anchor structure engages portions of the bulbous urethra to secure the device. The proximal and distal portions of the body may be slidably engaged in telescopic fashion and secured to provide a patient specific physiological fit.

USE - For treating urinary retention or assessing urinary tract symptoms.

ADVANTAGE - The device can be anchored securely, is minimally invasive and comfortable in use, and can be adjusted to accommodate the patient's prostatic length.

DESCRIPTION OF DRAWING(S) - The drawing illustrates the device with the body having a minimum length dimension.

Endourethral device (10)

Proximal anchor (12)

Distal anchor (14)

Body (16)

Proximal body segment (18)

Distal body segment (20)

Bladder engaging element (22)

Anchor body (24)
Urine receiving aperture. (26)
pp; 33 DwgNo 1A/6
Title Terms: DEVICE; TREAT; URINE; DISORDER; TELESCOPE; BODY; PORTION;
ADJUST; ACCOMMODATE; PATIENT; PHYSIOLOGICAL
Derwent Class: P31; P34
International Patent Class (Main): A61B-000/00; A61M-001/00; A61M-029/02
International Patent Class (Additional): A61M-029/00
File Segment: EngPI

5/5/2 (Item 2 from file: 350)
DIALOG(R) File 350:Derwent WPIX
(c) 2005 Thomson Derwent. All rts. reserv.

015033447 **Image available**
WPI Acc No: 2003-093964/200308
XRPX Acc No: N03-074414

A urethral profile apparatus which is used to determine the physiology of retention symptoms

Patent Assignee: ABBEYMOOR MEDICAL INC (ABBE-N)
Inventor: REID J M ; WHALEN M J ; WILLARD L K
Number of Countries: 024 Number of Patents: 005
Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200300120	A2	20030103	WO 2002US20244	A	20020624	200308 B
US 20020198506	A1	20021226	US 2001299973	P	20010622	200315
			US 2001324366	P	20010924	
			US 2002179108	A	20020624	
EP 1404222	A2	20040407	EP 2002744645	A	20020624	200425
			WO 2002US20244	A	20020624	
AU 2002345904	A1	20030108	AU 2002345904	A	20020624	200460
JP 2004535863	W	20041202	WO 2002US20244	A	20020624	200479
			JP 2003506574	A	20020624	

Priority Applications (No Type Date): US 2001324366 P 20010924; US 2001299973 P 20010622; US 2002179108 A 20020624

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
WO 200300120	A2	E	56	A61B-000/00	
				Designated States (National): AU CA JP	
				Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR	
US 20020198506	A1			A61F-005/44	Provisional application US 2001299973
					Provisional application US 2001324366
EP 1404222	A2	E		A61B-005/103	Based on patent WO 200300120
				Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE TR	
AU 2002345904	A1			A61B-000/00	Based on patent WO 200300120
JP 2004535863	W		80	A61B-017/22	Based on patent WO 200300120

Abstract (Basic): WO 2003000120 A2

NOVELTY - A urethral profile apparatus comprises an elongate member (318) having a proximal end (320) with a probe (326), and a distal end. The probe is selectively positionable within a urethral passageway by axial translation of the elongate member via the distal end. The probe indicates constrictures of the urethral passageway.

DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for the following:

(a) (i) an endourethral assembly (392) comprising the above

apparatus adapted to be supported by a catheter (328);
(b) and (ii) a method of urethral profiling.

USE - The urethral profile apparatus is used to determine the physiology of the symptoms of patients suffering from retention and LUTS patients.

ADVANTAGE - The probe is configured to minimize tissue trauma. The urethral profile apparatus can be easily disengaged from a catheter.

DESCRIPTION OF DRAWING(S) - The drawing shows the urethral profile apparatus in combination with a guiding catheter.

elongate member; (318)
proximal end; (320)
probe; (326)
catheter; (328)
flexible probing wire; (366)
grip; (386)
probe wire support; (388)
groove; (389)
probe stop; (390)
endourethral assembly. (392)
pp; 56 DwgNo 10/12

Title Terms: URETHRA; PROFILE; APPARATUS; DETERMINE; PHYSIOLOGICAL; RETAIN; SYMPTOM

Derwent Class: P31; P34

International Patent Class (Main): A61B-000/00; A61B-005/103; A61B-017/22; A61F-005/44

International Patent Class (Additional): A61B-005/117; A61B-005/20; A61M-029/00

File Segment: EngPI

5/5/3 (Item 3 from file: 350)

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

014920700 **Image available**

WPI Acc No: 2002-741407/200280

XRPX Acc No: N02-584098

Endourethral prostheses and methods of use for the diagnosis and treatment of patients presenting urinary retention or lower urinary tract symptoms

Patent Assignee: ABBEYMOOR MEDICAL INC (ABBE-N); REID J M (REID-I); WHALEN M J (WHALE-I); WIHLARD L K (WIHL-I)

Inventor: REID J M ; WHALEN M J ; WILLARD L K ; WIHLARD L K

Number of Countries: 023 Number of Patents: 003

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200287412	A2	20021107	WO 2001US24817	A	20010807	200280 B
US 20030208183	A1	20031106	WO 2001US24817	A	20010807	200374
			US 2003343894	A	20030204	
AU 2001286419	A1	20021111	AU 2001286419	A	20010807	200433

Priority Applications (No Type Date): US 2000223345 P 20000807; US 2003343894 A 20030204

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
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WO 200287412	A2	E	65	A61B-000/00	
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Designated States (National): AU CA JP US

Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE TR

US 20030208183	A1	A61M-027/00
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AU 2001286419	A1	A61B-000/00	Based on patent WO 200287412
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Abstract (Basic): WO 200287412 A2

NOVELTY - An endourethral device (101) comprises an elongate body (103) having a proximal portion (113), a central portion (115) and a distal portion (117), with a fluid passageway (109) passing therethrough. The device is deployed using a removable insertion tool, and is provided with an expandable proximal balloon (119) disposed for securing the distal end of the device within the patient's bladder, and a distal balloon (125) for inflation within the bulbar urethra to secure the device in place. Various embodiments are disclosed, some designed to interact with the sphincters to facilitate emptying the bladder naturally, some are provided with a penile clamp in conjunction with an external collection system, and some assist differential diagnosis of lower urinary tract symptoms (LUTS).

USE - For use in the treatment of urinary retention and for assessing LUTS.

ADVANTAGE - An effective and easily deployed device which permits differential diagnosis and treatment of patients presenting LUTS symptoms or urinary retention.

DESCRIPTION OF DRAWING(S) - The drawing shows a sectional view of one embodiment with the anchoring features activated.

Endourethral device (101)

Elongate body (103)

Fluid passageway (109)

Proximal portion of the body (113)

Central portion of the body (115)

Distal portion of the body (117)

Proximal balloon (119)

Distal balloon. (125)

pp; 65 DwgNo 2/12

Title Terms: PROSTHESIS; METHOD; DIAGNOSE; TREAT; PATIENT; PRESENT; URINE; RETAIN; LOWER; URINE; TRACT; SYMPTOM

Derwent Class: P31; P34

International Patent Class (Main): A61B-000/00; A61M-027/00

File Segment: EngPI

5/5/4 (Item 4 from file: 350)

DIALOG(R)File 350:Derwent WPIX

(c) 2005 Thomson Derwent. All rts. reserv.

014822303 **Image available**

WPI Acc No: 2002-643009/200269

Related WPI Acc No: 2002-557882; 2003-403645

XRPX Acc No: N02-508329

Endourethral device has anchor engaged to portions of bulbous urethra to anchor endourethral device within lower urinary tract such that tube partially traverses prostatic urethra

Patent Assignee: COLOR KINETICS INC (COLO-N); REID J M (REID-I); WHALEN M J (WHAL-I); WILLARD L K (WILL-I)

Inventor: DOWLING K J; LYS I A; MORGAN F M; MUELLER G; PIEPGRAS C; REID J M ; WHALEN M J ; WILLARD L K

Number of Countries: 002 Number of Patents: 002

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
US 20020107540	A1	20020808	US 2001263202	P	20010123	200269 B
			US 2001295535	P	20010604	
			US 2001329202	P	20011012	
			US 200259100	A	20020123	
JP 2005504411	W	20050210	WO 2002US29453	A	20020917	200511
			JP 2003529819	A	20020917	

Priority Applications (No Type Date): US 200259100 A 20020123; US 2001263202 P 20010123; US 2001295535 P 20010604; US 2001329202 P 20011012; US 2001322765 P 20010917; US 2001335679 P 20011023; US 2001341476 P 20011030; US 2001341898 P 20011219; US 2002353569 P 20020201

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
US 20020107540	A1		19	A61M-029/00	Provisional application US 2001263202

Provisional application US 2001295535

Provisional application US 2001329202

JP 2005504411	W	150	F21S-008/00	Based on patent WO 200326358
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Abstract (Basic): US 20020107540 A1

NOVELTY - An anchor (58) is engaged to portions of a bulbous urethra to anchor the endourethral device (50) within a lower urinary tract such that a tube (52) partially traverses the prostatic urethra. A tube is situated between anchors.

USE - For use in the discharge of urine by patients suffering from e.g. spinal cord injury, typhoid fever, bladder tumor, prostatic enlargement, peritonitis.

ADVANTAGE - Obtains stable anchoring in combination with physiologically proper, non-traumatic device deployment and retention.

DESCRIPTION OF DRAWING(S) - The figure shows an endourethral device.

Endourethral device (50)

Tube (52)

Anchor (58)

pp; 19 DwgNo 2/20

Title Terms: DEVICE; ANCHOR; ENGAGE; PORTION; BULBOUS; URETHRA; ANCHOR; DEVICE; LOWER; URINE; TRACT; TUBE; TRAVERSE; PROSTATE; URETHRA

Derwent Class: P33; P34; Q71; Q74; T01; U12; W04; W05; X22; X26; X27

International Patent Class (Main): A61M-029/00; F21S-008/00

International Patent Class (Additional): H05B-037/02

File Segment: EPI; EngPI

5/5/5 (Item 5 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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014737178 **Image available**

WPI Acc No: 2002-557882/200259

Related WPI Acc No: 2002-643009; 2003-403645

XRPX Acc No: N02-441549

Endourethral device, for permitting discharge of urine in patients with urine retention, has proximal anchor engaging bladder neck and distal anchor with urine flow channels engaging urethra

Patent Assignee: ABBEYMOOR MEDICAL INC (ABBE-N); BAUMGARTNER M (BAUM-I); REID J M (REID-I); WHALEN M J (WHAL-I); WILLARD L K (WILL-I)

Inventor: REID J M ; WHALEN M J ; WILLARD L K ; BAUMGARTNER M

Number of Countries: 024 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200258541	A2	20020801	WO 2002US2228	A	20020123	200259 B
US 20030078467	A1	20030424	US 2001329859	P	20011018	200330
			US 2002274027	A	20021018	
EP 1392388	A2	20040303	EP 2002702085	A	20020123	200417
			WO 2002US2228	A	20020123	
AU 2002235470	A1	20020806	AU 2002235470	A	20020123	200427
JP 2005504558	W	20050217	JP 2002558879	A	20020123	200513
			WO 2002US2228	A	20020123	

Priority Applications (No Type Date): US 2001329859 P 20011018; US
2001263202 P 20010123; US 2001295535 P 20010604; US 2002274027 A 20021018
Patent Details:

Patent No Kind Lan Pg Main IPC Filing Notes

WO 200258541 A2 E 48 A61B-000/00

Designated States (National): AU CA JP US

Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU
MC NL PT SE TR

US 20030078467 A1 A61F-002/02 Provisional application US 2001329859

EP 1392388 A2 E A61M-029/00 Based on patent WO 200258541

Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LI
LU MC NL PT SE TR

AU 2002235470 A1 A61B-000/00 Based on patent WO 200258541

JP 2005504558 W 110 A61M-001/00 Based on patent WO 200258541

Abstract (Basic): WO 200258541 A2

NOVELTY - The proximal anchor (858) engages the bladder neck via radially extending arms (860). Urine is freely dischargeable about the exterior of the anchor body to bathe the bladder neck. A planar distal anchor (862) with urine flow channels engages a bulbous urethra via resiliently and reversibly expandable arms. An elongate member (852) is interposed between the anchors.

DETAILED DESCRIPTION - The device is anchored in the lower urinary tract such that the elongate member at least partially traverses a prostatic urethra.

USE - To permit the discharge of urine in patients with urine retention, incomplete emptying or dysuria, resulting from many causes e.g. urethritis, tumors or prostatic enlargement.

ADVANTAGE - Stable anchoring and non-traumatic device deployment and retention.

DESCRIPTION OF DRAWING(S) - The drawing show a side cross section of the endourethral device with the anchor systems, and an end-on sectional view.

pp; 48 DwgNo 12, 12a/20

Title Terms: DEVICE; PERMIT; DISCHARGE; URINE; PATIENT; URINE; RETAIN;
PROXIMITY; ANCHOR; ENGAGE; BLADDER; NECK; DISTAL; ANCHOR; URINE; FLOW;
CHANNEL; ENGAGE; URETHRA

Derwent Class: P31; P32; P34

International Patent Class (Main): A61B-000/00; A61F-002/02; A61M-001/00;
A61M-029/00

File Segment: EngPI

5/5/6 (Item 6 from file: 350)

DIALOG(R)File 350:Derwent WPIX

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014483518 **Image available**

WPI Acc No: 2002-304221/200234

XRAM Acc No: C02-088488

XRPX Acc No: N02-238039

Diagnostic urethral assembly for accessing lower urinary tract symptoms, comprises elongate support member and urethral catheter for communication with bladder, having placid segment for traverse prostatic urethra

Patent Assignee: ABBEYMOOR MEDICAL INC (ABBE-N); REID J M (REID-I); WHALEN M J (WHALE-I); WILLARD L K (WILL-I)

Inventor: REID J M ; WHALEN M J ; WILLARD L K

Number of Countries: 023 Number of Patents: 005

Patent Family:

Patent No	Kind	Date	Applicat No	Kind	Date	Week
WO 200217990	A2	20020307	WO 2001US27105	A	20010831	200234 B
US 20020065476	A1	20020530	US 2000229143	P	20000831	200240
			US 2001264700	P	20010130	
			US 2001943975	A	20010831	
AU 200188573	A	20020313	AU 200188573	A	20010831	200249
US 6719709	B2	20040413	US 2000229143	P	20000831	200425
			US 2001264700	P	20010130	
			US 2001943975	A	20010831	
US 20050107721	A1	20050519	US 2000229143	P	20000831	200534
			US 2001264700	P	20010130	
			US 2001943975	A	20010831	
			US 2004822546	A	20040412	

Priority Applications (No Type Date): US 2001264700 P 20010130; US 2000229143 P 20000831; US 2001943975 A 20010831; US 2004822546 A 20040412

Patent Details:

Patent No	Kind	Lan	Pg	Main IPC	Filing Notes
WO 200217990	A2	E	57	A61M-000/00	
Designated States (National): AU CA JP					
Designated States (Regional): AT BE CH CY DE DK ES FI FR GB GR IE IT LU					
MC NL PT SE TR					
US 20020065476	A1			A61M-027/00	Provisional application US 2000229143
					Provisional application US 2001264700
AU 200188573	A			A61B-005/00	Based on patent WO 200217990
US 6719709	B2			A61B-005/103	Provisional application US 2000229143
					Provisional application US 2001264700
US 20050107721	A1			A61B-005/103	Provisional application US 2000229143
					Provisional application US 2001264700
					Cont of application US 2001943975
					Cont of patent US 6719709

Abstract (Basic): WO 200217990 A2

NOVELTY - Diagnostic urethral assembly (10) comprises an elongate support member (12) and a urethral catheter which can be positioned for communication with a bladder. The support has proximal and distal ends for passing fluid. The catheter receives fluid from the support. The catheter has a placid segment positioned to traverse a prostatic urethra and responsive to structures of lower urinary tract (LUT).

DETAILED DESCRIPTION - Diagnostic urethral assembly (10) comprises an elongate support member (12) and a urethral catheter which can be positioned for communication with a bladder. The support has proximal and distal ends for passing fluid. The catheter is adapted to receive fluid from the support. The catheter has a placid segment positioned for traverse a prostatic urethra and responsive to structures of lower urinary tract (LUT).

The support selectively supports the placid segment. The support is progressively retracted and permits the structure of LUT to physiologically act in a sequentially incrementally upon the portions of placid segment. The physiological action on the placid segment results in a observable change in fluid dynamic in LUT symptoms diagnosis.

An INDEPENDENT CLAIM is included for a diagnostic urethral kit.

USE - Used for diagnosing lower urinary tract symptoms.

ADVANTAGE - The urethral assembly provide easy acquisition of reliable diagnostic information by allowing the patient's true urination patterns to be observed and the physiologically workings of the prostatic urethra. The assembly provides the urologist for assessing the flow of urine in an actual urination cycle to determine

the contribution of flow rate/pressure irregularities on bladder outlet, prostatic urethra, and external sphincter. The assembly allows for relatively simple flow examinations which aid obstruction detection and location, data acquisition regarding the functionality of the entire proximal urinary tract.

DESCRIPTION OF DRAWING(S) - The figure shows the diagnostic urethral assembly structure with an impression apparatus.

Assembly (10)

Elongate support member (12)

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Title Terms: DIAGNOSE; URETHRA; ASSEMBLE; ACCESS; LOWER; URINE; TRACT; SYMPTOM; COMPRISE; ELONGATE; SUPPORT; MEMBER; URETHRA; CATHETER; COMMUNICATE; BLADDER; SEGMENT; TRAVERSE; PROSTATE; URETHRA

Derwent Class: B04; P31; P34

International Patent Class (Main): A61B-005/00; A61B-005/103; A61M-000/00; A61M-027/00

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